

1938 JUL 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

20140
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **798**
(c) City **St. Louis, Mo.** (d) Street No. **5247 Delmar** St. **6**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William H. Carr
(a) Residence, No. **5247 Delmar** St. **12** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louise Carr**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 29-1899**
7. AGE YEARS **38** MONTHS **11** DAYS **11** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Barber**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

FATHER 13. NAME **Jay Carr**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Un Known**

MOTHER 15. MAIDEN NAME **Un Known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Un Known**

17. INFORMANT **Louise Carr** (ADDRESS) **5247 Delmar**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Walhalla Crematory** DATE **6-10** 1938

19. FUNERAL DIRECTOR **Rawson Mortuary Inc.** (ADDRESS) **4355 Washington Blvd**

20. FILED **JUN 10 1938** **J.P. Budzek** (Address)

MEDICAL HISTORY AND APPENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-9** 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on Death is said to have occurred on the date stated above, at **5:15 P.M.**
The principal cause of death and related causes of importance were as follows:

Illuminating Gas Poison, self administered in a rear room of his home at 5247 Delmar Blvd., on June 9th, 1938, at about 5:00 P.M. Date of onset

Other contributory causes of importance **UX**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Suicide** Date of injury **6/9/1938**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **In Home**

Manner of injury..... **See Above.**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **No**
(Signed) **Joseph M. Quinn, M.D.**
(Address) **Deputy Coroner**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X12004

Not embalmed
H

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... I. E.....
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)