

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

AUG 11 1939 791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
 (a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mississippi River **3**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis **6**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1472 Clara
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Joseph Carl **460**
 (b) If veteran, name war _____
 (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: -- -- 1906
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
33 -- -- hr. min.

9. Birthplace St. Louis, Mo. **0**
 (City, town, or county) (State or foreign country)

10. Usual occupation Resturant Manager **7**

11. Industry or business Resturant

MOTHER FATHER { 12. Name Jacob Carl **9**
 13. Birthplace Russia **7**
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Rose Lerner
 15. Birthplace Russia
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. J. Carl

(b) Address 7133 Standard

17. (a) Burial (b) Date thereof 7-15-39
 (Burial, cremation, inquest, etc.) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Herman Rudskopf

(b) Address 5216 Delmar

19. (a) JUL 15 1939 (b) J. J. Carl
 (Date received local registrar) (Signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 13th
 year 1939 hour 6:00 minute A. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation, due to Drowning while swimming in the Mississippi River at the foot of Chestnut Street, July 13th, 1939, at about 6:00 A.M.
 Due to _____
 Due to ACCIDENT

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 13th, 1939

(c) Where did injury occur? St. Louis, Mo.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature J. J. Carl (M. D. or other) **7**

Address _____ Date signed 7-15-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Chas. W. Cooper

Licensed Embalmer No. 3830

P. O. Address. 5216 Delmar

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.)

If this body is not embalmed, above space should be left blank.