G 16 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D SEP 7 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30139

Registration District No. 104 — Primary Registration District No. 101 — Registrar's No. 1455

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (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 St. Louis

(c) City or town Berkley City (If outside city or town limits, write "RURAL")

(d) Street No. 8926 Doerr Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Margaret Carmen 655

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Edward H. Carmen

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased September (Month) 23 (Day) 1884 (Year)

8. AGE: Years 54 Months 10 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Elizabethtown (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housework at home

11. Industry or business

FATHER
12. Name Unknown Enlow
13. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ____ (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant's own signature Miss Ruby Carmen

(b) Address 4498 Forest Park Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-39 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) AUG 16 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th year 1939 hour 11 minute P.M. 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 Accidentally struck by a street car while a pedestrian on [illegible]

Due to Fracture of the Skull

Due to Crushing injury of the chest with multiple fractures of the ribs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 2.09 m

Of autopsy Fr. of the Skull, Multiple fractures of Ribs.

Duration

PHYSICIAN — 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 8/14/39

(c) Where did injury occur? Normandy (City or town) (County) Mo (State)

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

While at work? No (e) Means of injury —

23. Signature John [illegible] (M. D. or other)

Address [illegible] St. Louis County Date signed 8/16/39

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Reinhold K. Lehmann

Licensed Embalmer No. 3395

P. O. Address.....

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

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