DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31000

REC'D OCT 14 1939

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8063

1. PLACE OF DEATH:

(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: 4485 Lee Ave.
(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 (If outside city or town limits, write "RURAL") 10

(d) Street No. 4485 Lee (If rural, give location)

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

3. (a) PRINT FULL NAME John J. Carr 600

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 Jan. 1, 1875 (Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Ireland (State or foreign country) 5

10. Usual occupation Nil

11. Industry or business

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

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

16. (a) Informant's own signature Mrs Ida Deppe
(b) Address 4945a St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/39 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) SEP 19 1939 (Date received local registrar) (b) [signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17th year 1939 hour 2 minute 15 a M.

21. I hereby certify that I attended the deceased from Sept 15th 1939, 19, to Sept 17, 1939 that I last saw him alive on Sept 15, 1939, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Lesion Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 4143a N. Newstead Date signed Sept 18 39

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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 Florenz Eynsk

Licensed Embalmer No. 1284

P. O. Address St Louis Mo

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.