DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED 17 1940

791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 152

Registration District No. 1002 Primary Registration District No. Registrar's No. 152

1. PLACE OF DEATH:

(a) County St. Louis, Missouri 1

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

(c) Name of hospital or institution: City Sanitarium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4yrs. 6 mo. 22days. (Specify whether years, months or days) In this community 65yrs.

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 25 (If outside city or town limits, write "RURAL")

(d) Street No. Woodbine Hotel 509 Chestnut (If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE CARRERAS 6C2

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marie Carreras

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

7. Birth date of deceased Jan. 30, 1861 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Boston, Mass. (City, town, or county) (State or foreign country)

10. Usual occupation Clerk 1

11. Industry or business Grain Business

FATHER
12. Name Louis Carreras 7
13. Birthplace Gibralter, Spain (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Acres 1
15. Birthplace Gibralter, Spain (City, town, or county) (State or foreign country)

16. (a) Informant's own signature F. Degendorf

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway

19. (a) JAN 6 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1940 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from 11-1-39, 19, to 1-5-40, 19; that I last saw him alive on 1-5-40, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Arteriosclerosis (onset 11-1-39 x)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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 M. Bublis M.D. (M. D. or other)

Address Date signed

(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.

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

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.