DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3869

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 61

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3222-a Park Ave.
(If rural, give location)

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

8. (a) PRINT FULL NAME 600 Clarence A. Cary

8. (b) If veteran, name war World War

8. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Rose Cary

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

7. Birth date of deceased March 14, 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	9	24	hr. min.

9. Birthplace Jasper, Alabama (City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

MOTHER FATHER

12. Name William Cary

13. Birthplace Mississippi. (City, town, or county) (State or foreign country)

14. Maiden name Etta Appling

15. Birthplace Alabama. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clinton Schaeffer, Vet. Adm. Fac., Jeff. Bks., Mo.

(b) Address

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 10. 40 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister Und. & Liv. Co., St. Louis, Mo.

(b) Address

19. (a) JAN 9 - 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 8, day year 1940 hour 8:45 AM minute M.

21. I hereby certify that I attended the deceased from Dec. 21, 1939, 19, to Jan. 8, 1940; that I last saw him alive on Jan. 8, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary arteriosclerotic heart disease with myocardial damage	
~~Due to~~ and anginal syndrome.	unkn.
Due to	
Other conditions: None. (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy No autopsy.	

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 C. W. Hughes, M. D., (M. D. or other)

Address Ch. Med. Officer, Vet. Adm. Fac., Jeff. Bks. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

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

N 9

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Brook

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

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