

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: Homer Philips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days  
(Specify whether)

In this community 30 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County COO

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

(d) Street No. 3954 Enright  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 0 years.

3. (a) PRINT FULL NAME Emmett Carr

3. (b) If veteran, name war None

3. (c) Social Security No. 497-07-9150

4. Sex Male 5. Color or race Col

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

6. (b) Name of husband or wife Jessie Carr

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

7. Birth date of deceased about 1888  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>About</u>	<u>53</u>			hr. min.

9. Birthplace Port Royal Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation waiter

11. Industry or business \_\_\_\_\_

12. Name Horace Carr

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

14. Maiden name Lue Peck

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

16. (a) Informant Arthur Carr

(b) Address Clarksville Tenn

17. (a) Burial (b) Date thereof June 20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksville Tenn

18. (a) Signature of funeral director J. W. Rodgers

(b) Address 2620 Lawton

19. (a) JUN 20 1941 (b) J. F. Fredrick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th  
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Abscess of Lung; Bronchiectasis (Haemorrhagic); CONTRIB: Edema of Brain; Chronic Diffuse Nephritis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Cause of abscess undetermined.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(b) Means of injury \_\_\_\_\_

23. Signature W. H. Berry (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed 6/20/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Lyla Hughes*

Licensed Embalmer No. ....

*2938*

P. O. Address.....

*St. Louis*

**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, fact should be so stated above.**