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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36216

Registration District No. 788

Primary Registration District No. 112

Registrar's No. 2094

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rock Hill Village
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
814 N. Rock Hill Rd.
(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 SC
(c) City or town Rock Hill Village 0
(If outside city or town limits, write "RURAL")
(d) Street No. 814 N. Rock Hill Rd. 0
(If rural, give location)
(e) Citizen of foreign country? Y (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alice Louise MacCarter

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Watson G. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 4 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 9 hr. min.

9. Birthplace Watertown N. York
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name E. O. Austin

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

14. Maiden name Anna Baker

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

16. (a) Informant Mildred Krueger

(b) Address 814 N. Rock Hill Rd.

17. (a) Burial (b) Date thereof 10/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shelbina, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 14 1941 (b) E. N. McCarren
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th
year 1941 hour 11:30 minute A.M.

21. I hereby certify that I attended the deceased from one month
19____ to 19____
that I last saw her alive on Oct 12, 1941, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration one week

Due to Arterio-sclerosis years

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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) None

(b) Date of occurrence _____

(c) Where did injury occur? None (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) (e) Means of injury 0

23. Signature Frank P. Gault, M.D. (M. D. or other)
Address N. Gore, Webster Grove Date signed 12/14/41

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

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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..... *John B. Binkley*.....
Licensed Embalmer No..... *3657*.....
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, fact should be so stated above.