

FILED FEB 27 1942
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County..... St. Louis
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Park Lane Memorial Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 7 weeks
(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 16 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3338 So. Grand 0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1942 hour 1 minute 40 P.M.
21. I hereby certify that I attended the deceased from Nov 1st
1941 to Jan 13th 1942
that I last saw him alive on Jan 13th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of rectum 3 1/2 mos
Sigmoid prolap
Duration

Due to.....
Due to.....
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of 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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature: Olyve P. Kane M.D. or other 9m/10
Address: 211 1/2 Taylor Date signed 1/27/42

3. (a) PRINT FULL NAME Edward C. Carr
3. (b) If veteran, name war..... 3. (c) Social Security No. 488-05-6833

4. Sex Male 0 5. Color or race White 1 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Carr 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased August 30 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 13 hr. min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Pressman

11. Industry or business

MOTHER FATHER { 12. Name John Carr
13. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Blumhertz
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Carr
(b) Address 3338 So. Grand

17. (a) Burial (b) Date thereof 1-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director J. F. Brudick
(b) Address 7207 Gravois Ave.

19. (a) (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

JAN 15 1942 844 (Licensed Embalmer's Statement on Reverse Side)

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

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139
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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..... *G. P. Kidwell*
Licensed Embalmer No. *3877*
P. O. Address..... *7027 Grandis*

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.