

FILED MAR 5 1942  
Registration District No. 1942

Primary Registration District No. 3036

Registrar's No. 263

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Joseph's Hospital  
(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)

3. (a) PRINT FULL NAME Lawrence V. Cartan

3. (b) If veteran, name war..... No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 14 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 7 2 hr. min.

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

10. Usual occupation Real Estate

11. Industry or business L. V. Cartan & Company

MOTHER FATHER  
12. Name L. V. Cartan  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Marie Boieliniere  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Adele C. Sumner  
(b) Address 1155 Moorlands Drive

17. (a) Burial (b) Date thereof 2-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stewart  
(b) Address 1225 Union Blvd.

19. (a) 2-19-42 (b) Lawrence G. Weseloh  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town..... Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1155 Moorlands Drive  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16  
year 1942 hour 3:35 minute P. M.

21. I hereby certify that I attended the deceased from.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Shock  
Due to Burns 2nd & 3rd degree over entire body  
Due to.....

Other conditions none  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations none  
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) Accident  
(b) Date of occurrence Feb 16th 1942  
(c) Where did injury occur? St. Charles Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Carrollite Home St Charles Mo.  
(Specify type of place)  
While at work? no (e) Means of injury Burned  
23. Signature L. P. Erich, M.D.  
Address St. Charles Mo. Date signed 3/17/42

MAR 2 1942

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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 Bernard A. J. Stuart

Licensed Embalmer No. 3500

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, fact should be so stated above.**