V. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12477 3446

Registrar's No.

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Residence / 1476 Belt Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6 000

(c) City or town St. Louis, 6 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1476 Belt 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lowell M. Carson

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex M ( )

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased 85 April (Month) 6 (Day) 1857 (Year)

8. AGE: Years 85 Months 0 Days 9 If less than one day hr. min.

9. Birthplace Summerville, Ill. / (City, town, or county) (State or foreign country)

10. Usual occupation State Rep.- Royal League

11. Industry or business

FATHER
12. Name Gideon B. Carson
13. Birthplace Tennesee / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Kemper
15. Birthplace Ky. / (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Edgar Dr. Edgar Carson
(b) Address 8116 Kingsbury Dr. Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Alexander & Son
(b) Address 6175 Delmar

19. (a) APR 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1942 hour 6 P.M. minute M.

21. I hereby certify that I attended the deceased from April 9, 1942 to April 15, 1942
that I last saw him alive on April 15, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	6 d
Due to Arteriosclerosis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death) 83a	
Major findings: Of operations 83a	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Theodore Greene (M. D. or other)
Address 4500 Alone St Date signed 4/16/42

844

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.