

FILED FEB 2 1943 318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 227

1. PLACE OF DEATH:

(a) County.....
 (b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute to City Hospital #1.
(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 Illinois (b) County Cole
 (c) City or town. Mattoon
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) No Citizen of foreign country? 9 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary F. Carr

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

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

6. (b) Name of husband or wife. Charles L. Carr 6. (c) Age of husband or wife if alive. 62 years

7. Birth date of deceased. April 17, 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 5 If less than one day
hr. min.

9. Birthplace. Irving Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation. Housework

11. Industry or business. At. Home

12. Name. Owen Rutledge

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

14. Maiden name. Jenny Lohr
 15. Birthplace. Irving Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant. Charles L. Carr
 (b) Address. Mattoon, Illinois

17. (a) Removal (b) Date thereof. 1/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Mattoon, Illinois

18. (a) Signature of funeral director. Albert H. Hoppe, Inc
 (b) Address. 4700 Washington Blvd.

19. (a) Jan 20 (b) J. F. Bredon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
 year 1943 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from.....
 19..... to..... 19.....

that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary Sclerosis

Due to Arteriosclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations None

Of autopsy.....

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? no (Specify type of place).....
 (c) Means of injury no

23. Signature. Dr. A. G. Perry (M. D. or other).....
 Address. Superior St. Mattoon Ill Date signed 1/22/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

78

Reuther

Reuther

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 *Arthur S. Stopp*
Licensed Embalmer No. *1861*

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.