

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4064 Maffitt ave /  
(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 Robert R. Carson

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Gertrude Carson 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased January 1 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>0</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation Grocer

11. Industry or business self

12. Name K.L. Carson

13. Birthplace Kentucky /  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Jenkins

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

16. (a) Informant Mrs. Gertrude Carson

(b) Address 4064 Maffitt ave

17. (a) Burial (b) Date thereof Jan 30- 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. Krow L-U. 60

(b) Address 2707 N. Grand Bly'd

19. (a) JAN 29 1943 (b) J. F. Bruden  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4064 Maffitt Ave  
(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 27  
year 1943 hour 9 minute 10 a.m.

21. I hereby certify that I attended the deceased from Sept. 8th 1942 to Jan. 27th, 43,  
that I last saw him alive on Jan. 26th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 4 Mo.  
Due to Mucous Colitis 2 yrs

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? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Edwin J. Smith (M. D. or other) MD  
Address 3635 No. Newstead Ave signed 1/28/43

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

70

**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

*Paul A. Knollenberg*

Licensed Embalmer No. *2631*

P. O. Address *3907 N. Grand*

**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.**