

FILED FEB 23 1943

Registration District No. 318

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: City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
In this community 50 yrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1723a S. 9th St.  
(If rural, give location)  
(e) Citizen of foreign country? American (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Willis Carr

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Cornelia Smith 6. (c) Age of husband or wife if alive, years \_\_\_\_\_

7. Birth date of deceased Sept. 18, 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Carr.

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

14. Maiden name Cornelia Smith

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

16. (a) Informant C. Hannon  
(b) Address 5800 Arsenal St.

17. (a) BURIAL (b) Date thereof 2-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director bullet + Kelly

(b) Address 1416 N. Taylor ave.

19. (a) FEB 20 1943 (b) J. F. Busch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30  
year 1943 hour 2:30 p. m. 11 M.

21. I hereby certify that I attended the deceased from Jan 19 1943 to Jan 30 1943  
that I last saw him alive on Jan 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation  
Cerebral Embolism  
Due to Atherosclerotic Heart Disease

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy Enlargement of heart  
Nephrosclerosis

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 Roy E. Ahrens (M. D. or other)  
Address 5600 Arsenal Date signed 2/4/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*W. M. O'Connell*

....., Registered Apprentice No. *347*

working under my personal supervision.

Signed.....

*Harry E. Jolley*

Licensed Embalmer No. *4078*

P. O. Address *St. Louis Mo.*

**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.**