S. No. 2
I—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4020

FILED FEB 18 1943

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 1268

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 years, months or days)

In this community -----

2. USUAL RESIDENCE OF DECEASED: 000 12 911

(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 0

3. (a) PRINT FULL NAME Gertrude Carson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, or divorced widow

6. (b) Name of husband or wife Robert Carson

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

7. Birth date of deceased May (Month) 8 (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
60	8	28	hr. min.

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

10. Usual occupation at home

11. Industry or business at home

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Frances Carson Levin

(b) Address 4064 Maffitt Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-9-43 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director A. Frau Co. U. Co

(b) Address 2707 N. Grand Bl.

19. (a) FEB 8 1943 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6 year 1943 hour 9 minute 30 a. M.

21. I hereby certify that I attended the deceased from Sept. 5th 1941 to Febr. 6th 1943 that I last saw her alive on Febr. 5th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	5 yrs
Due to Acute Rheumatic Fever	
Due to /during childhood.	

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. Grant (M. D. or other) M.D.

Address 3635 No. Newstead Ave Date signed 2/6/43

(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 Paul F. Knoedenberg

Licensed Embalmer No. 2631

P. O. Address 2707 21 Ave.

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.