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5-15-30  
FILE  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1

NOV 6 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2452

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town MANCHESTER  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: MANCHESTER NURSING HOME  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 MO  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4754<sup>2</sup> ALABAMA AVE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carleton J De Mary

3. (b) If veteran, name war INDIAN WARS 3. (c) Social Security No. 702-18-0213

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ISABEL 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased JAN 17 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 9 14 hr. \_\_\_\_\_ min.

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

10. Usual occupation RETIRED

11. Industry or business R.P. BAGGAGE MAN

12. Name THOS. C DE MARY

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

14. Maiden name ADELIA POTTER

15. Birthplace N.Y. /  
(City, town, or county) (State or foreign country)

16. (a) Informant ISABEL DE MARY

(b) Address 4754<sup>2</sup> ALABAMA AVE.

17. (a) BURIAL (b) Date thereof 11-2-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET

18. (a) Signature of funeral director Geo. P. Fendler Jr.  
(b) Address 7128 MICHIGAN AVE.

19. (a) NOV 4 - 1943 (b) C. G. McHarran, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-31-43 day \_\_\_\_\_  
year \_\_\_\_\_ hour 1 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 9-7-43  
to 10-31, 1943  
that I last saw him alive on 10-29, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Angrene et. Leg  
Due to Diabetes

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy 61

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 C. G. McHarran, M.D. (M. D. or other) MD  
Address Creve Coeur, Mo Date signed 10-31-43

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

MOTHER FATHER

DEC 2 1948

AUG 1 1950

NOV 17 1948

**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 *Clarence Krehaw*

Licensed Embalmer No. *3093*

P. O. Address *7128 Michigan*

**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.**