

FILED DEC 3 1943

State File No.

1003

Registrar's No. 10236

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5861 Cates
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Johanna Carraher

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

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

6. (b) Name of husband or wife..... James Carraher 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... August 15, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	90	3	6 hr. min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name..... J. Powers
13. Birthplace..... Unknown
(City, town, or county) (State or foreign country)
14. Maiden name..... Unknown
15. Birthplace..... Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant..... George Carraher

(b) Address..... Chesterfield, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof..... 11/23/43
(Month) (Day) (Year)

(c) Place: burial or cremation..... Kansas City, Mo.

18. (a) Signature of funeral director..... Edith E. Ambruster

(b) Address..... 4234 Manchester

19. (a) NOV 23 1943 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No..... 5861 Cates
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Nov. day..... 21
year..... 1943 hour..... 8.15 P.M. minute..... M.

21. I hereby certify that I attended the deceased from.....
MAR. 30 1943 to..... NOV. 21 1943

that I last saw him..... alive on..... NOV. 17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... CARCINOMA OF FACE Duration..... 3 YRS

Due to.....

Due to.....

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?.....

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature..... Amelia West P (M. D. or other).....

Address..... 1194 Hoshannon Date signed..... 11-24-43

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

JUL 11 1964

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 *Henry Eymok*
Licensed Embalmer No. 1284
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.