

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 20 1944**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
1003

State File No. **29194**  
Registrar's No. **7865**

Registration District No. **318** Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: **Jewish Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 day's**  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **Princeton, Ind.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **624 S. Prince St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Margaret C. Carrick**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Dan J. Carrick**  
6. (c) Age of husband or wife if alive **58** years  
7. Birth date of deceased **Feb. 28, 1891**  
(Month) (Day) (Year)

8. AGE: Years **53** Months **6** Days **14**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Princeton Ind.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_  
12. Name **Michael Morrata**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margaret O'Neil**  
15. Birthplace **Washington, Ind.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Dan J. Carrick**  
(b) Address **4394 West Pine Blvd.**

17. (a) **Burial** (b) Date thereof **Sept. 15, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Princeton, Ind.**

18. (a) Signature of funeral director **Paschedag-Henke Fun. Home**  
(b) Address **2825 N. Grand Blvd.**

19. (a) **SEP 12 1944** (b) **J. T. Beebech**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **12th**  
year **1944** hour **4** minute **15 A.M.**  
21. I hereby certify that I attended the deceased from **Sept 7**, 19**44**, to **Sept 12**, 19**44**  
that I last saw her alive on **Sept 11**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Asthma**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **112**

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? **Home**

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **Harold Scheff** (M. D. or other) \_\_\_\_\_  
Address **6077 Grand** Date signed **9/12/44**

(Licensed Embalmer's Statement on Reverse Side)

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

17

999  
NR 12  
10

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**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 W. Wilkins  
Licensed Embalmer No. 3575

P. O. Address.....

**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.**