

FILED DEC 29 1944 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 10781

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:  
4754 St. Louis Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME ELIZABETH CARR  
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 \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 3 1854  
(Month) (Day) (Year)  
8. AGE: Years 90 Months 9 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation housewife

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

MOTHER FATHER { 12. Name Dennis Ryan  
13. Birthplace Ireland (City, town, or county) (State or foreign country)  
14. Maiden name Bridget Carr  
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie Harshaw

(b) Address 4754 St. Louis Ave.

17. (a) Burial (b) Date thereof 12/20/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director SULLIVAN BRO'S

(b) Address 2849 N. Euclid Ave.

19. (a) DEC 18 1944 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

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") 17  
(d) Street No. 4754 St. Louis Ave. (If rural, give location) 6  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th  
year 1944 hour 6:20 P.M. Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 5  
1914 to December 16, 1944  
that I last saw her alive on Dec. 17 - 1944, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Due to hypertension & degenerative heart disease  
Due to \_\_\_\_\_  
Other conditions Malnutrition  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none

Duration

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) (Specify type of injury)  
23. Signature Dr. J. J. Bredeck (M.D. or D.D.S.)  
Address 3500 N. Grand Date signed 12/18

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

DR. HE BLANC  
3500 N. GRAND  
FR 4474  
700 x 4.00 Price

**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 *Robert R. Crinkman*

Licensed Embalmer No. *355-3*

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.**