

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

126
State File No. _____
Registrar's No. 732

FILED JAN 31 1945
318
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4215 Gano Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA CARR
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 22
year 1945 hour 6 minute 20 PM M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Thomas Carr
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept, 8, 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/11 to 1/22 1945
that I last saw her alive on 1/22 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 4 Days 14
If less than one day _____ hr. _____ min.

Immediate cause of death Carcinoma Urinary Bladder
Due to _____
Due to 52
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Red Bud Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Henry Meyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Kruse
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Stolberg
(b) Address 821 East Gano Avenue
17. (a) Burial (b) Date thereof 1/25/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

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? _____

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) JAN 24 1945 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature Leo Pappalardo (M. D. or other) _____
Address 313 N. 7th Date signed 1/23/45

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

MOTHER FATHER

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 Gustav W. Dutala

Licensed Embalmer No. 4329

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.