S. No. 2
M—2-43
. 5-17-39
-1 X35697

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

#17762

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 27 1945

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 11025

Registrar's No. 3425

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1mo-20 days (Specify whether years, months or days)

In this community

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. 801 Eichelberger
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Henry Carr

3. (b) If veteran, name war

3. (c) Social Security No. 491-18-0545

4. Sex Male

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 August 16, 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 29 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Columbus Carr

13. Birthplace Duquoin, Illinois (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Minnie Stopber

15. Birthplace Millstadt, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant George Gipfel

(b) Address 801 Eichelberger

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Evergreen Millstadt, Ill.

18. (a) Signature of funeral director Irving L. Metzger

(b) Address Millstadt, Ill.

19. (a) APR 17 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1945 hour 4:40 minute A. M.

21. I hereby certify that I attended the deceased from 2/26/45, 19 to 4/15/45, 19; that I last saw him alive on 4/15/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Carcinoma of Neck

Due to

55

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operation

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? (Specify type of place)

While at work?

(e) Means of injury

23. Signature James J. Graf (M. D. or other)

Address 1515 Lafayette Date signed 4/16/45

(Licensed Embalmer's Statement on Reverse Side)

NOT EMBALMED

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 Philip L Metzger

Licensed Embalmer No. 2676

P. O. Address Millstadt Ill

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.