

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

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:
Pronounced dead at City Hospital
(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 Cecil Carr
3. (b) If veteran, name war World War #2 3. (c) Social Security No. unknown

4. Sex male 5. Color or race COL. 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 16th 1923
(Month) (Day) (Year)

8. AGE: Years 21 Months 10 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Soldier

11. Industry or business U.S. Army

12. Name Unknown

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 Scott Field Official Record
(b) Address Scott Field, Ill.

17. (a) removal (b) Date thereof 5-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Illinois
(d) Signature of funeral director Det. Halldner
(e) Address BELLEVILLE, ILL
(f) Signature J. F. Brudick
(Date) MAY 8 1945 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County _____
(c) City or town Miami
(If outside city or town limits, write "RURAL")
(d) Street No. 1661 N.W. 5th Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7 year 1945 hour 13 minute 40 M.
21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Basal ganglia
Ball? Subdural hemorrhage
of brain when he was struck by
truck. Walked into side of a street car
being operated by one John Donald
Platz on a Monday or Tuesday
night of my about 200 feet East of Morris
Street about 3:00 P.M. May 6, 1945

Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence May 6 1945
(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?
Public street
(Specify type of place) (e) Means of injury car
While at work? _____
23. Signature Det. K. E. Taylor (M.D. or other) _____
Address 109 W. ... Date signed 5/7/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

100
113
115

0275
2175

2175

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.....

Licensed Embalmer No.....

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.