

S. No. 2
M-5-43
7. 5-17-39
P I X36671

FILED SEP 21 1945
318

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 8035

Registration District No. _____ Primary Registration District No. 1003

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: Park Lane Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether In this community 5 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4498 Forest Park Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Howard Carder
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 14, year 1945 hour 2 minute 35 A. M.
21. I hereby certify that I attended the deceased from 6-25-45 19, to 9-14-45 19, that I last saw him alive on 9-14-45 19, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Earlean Carder 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased July 3, 1907
(Month) (Day) (Year)

Immediate cause of death General Curious mistake
Due to Subsagral Joints
On left kidney +
Due Lower margin of fold
+ true rib on left side
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
38 2 11 hr. min.

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

9. Birthplace Dont Know - Kentucky -
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector

11. Industry or business Ludlow-Saylor *Co.

MOTHER FATHER
12. Name William Carder
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Alma Henderson
(City, town, or county) (State or foreign country)
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earlen Carder
(b) Address 4498 Forest Park Blvd.

17. (a) Removal (b) Date thereof 9-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burkley Kentucky

18. (a) Signature of funeral director Arthur J. Danella
(b) Address 3840 Lindbergh Blvd
19. (a) SEP 14 1945 (b) _____
(Date received local registrar) (Registrar's signature)

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 Dr. J. J. Smith
Address 4950 Linden St. Louis Date signed 9-14-45

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

James Marshall
8-5-1908

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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.