

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38441
Registrar's No. 2571

FILED NOV 17 1945

Registration District No. 217 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Rural
(c) Name of hospital or institution:
Manchester Nursing Home
(d) Length of stay: In hospital or institution 3 mo
In this community 10 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Rural - Ferguson
(d) Street No. 0
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME Randolph Carico
3. (b) If veteran, name war — 3. (c) Social Security No. —

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 9
year 1945 hour 6 minute AM
21. I hereby certify that I attended the deceased from July 23,
1945, to November 9, 1945;
that I last saw him alive on Nov 7, 1945;
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 Widower
6. (b) Name of husband or wife Wela
6. (c) Age of husband or wife if alive 5 years

Immediate cause of death chronic myocarditis, finally
Due to grossly atherosclerosis
Due to 93d

7. Birth date of deceased Sept 5 1856
8. AGE: Years 89 Months 2 Days 4
If less than one day — hr. — min. —

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

9. Birthplace Texas
10. Usual occupation Farmer

11. Industry or business
12. Name Unknown
13. Birthplace Texas
14. Maiden name Unknown
15. Birthplace Texas

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature G. F. Muelh M.P. (M. D. or other)
Address 3507 Piloma Date signed 11-9-45

16. (a) Informant Hazel Carico
(b) Address Rolla Mo
17. (a) Burial (b) Date thereof 11-11-45
(c) Place: burial or cremation Vienna Mo
18. (a) Signature of funeral director Campbell-Hollows
(b) Address Rolla Mo
19. (a) 11-10-45 (b) G. F. Muelh M.P.

(Licensed Embalmer's Statement on Reverse Side)

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

6

707

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 *Howard A Rowland*.....

Licensed Embalmer No. *3114*.....

P. O. Address..... *St Louis*.....

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.