

FILED MAR 9 1946

Registration District No. _____

Primary Registration District No. 1003

State File No. _____

Registrar's No. 1757

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: Barnes Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston
(If outside city or town limits, write "RURAL") NR 0
(d) Street No. 6137 Page Blvd.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) /
If yes, name country _____

3. (a) PRINT FULL NAME MAY BLOSSOM CARR

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William S. Carr 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Don't Know
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 70 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER
12. Name John Wagner
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Susan Anderson
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Jack C. Woods
(b) Address Lychfield, Ill.
17. (a) Burial (b) Date thereof Feb. 23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.,

19. (a) FEB 21 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1946 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from Feb. 13, 1946, to Feb. 20, 1946;
that I last saw him alive on Feb. 20, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock
Duration 7 feet minutes

Due to Carcinoma of stomach 3 mos

Due to Pernicious anemia 8 7/10

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: as above p/6
Of operations _____
Of autopsy as above
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?
While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature FR Bradley (M. D. or other) _____
Address Barnes Hospital, Date signed 2/20/46

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

6200

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..... *Alfred F. Bodeker*

Licensed Embalmer No..... 2663

P. O. Address 1125 Hodiament Ave.,

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.