V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10983

FILED MAR 27 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2488

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 4371 Finney Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")
(d) Street No. 4371 Finney Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Porter Thomas Carr
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Carr
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased Sept. (Month) 21 (Day) 1905 (Year)

8. AGE: Years 40 Months 5 Days 19 If less than one day hr. min.

9. Birthplace Murray Co. Tenn. (City, town, or county) State (State or foreign country)
10. Usual occupation Janitor
11. Industry or business
FATHER 12. Name Dock Carr
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Susie Porter
15. Birthplace Murray Co. Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant Ethel Carr
(b) Address 4371 Finney Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director Manuel
(b) Address 4059 Finney Ave.
19. (a) MAR 14 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10 year 46 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2-19, 1946 to 3-10, 1946 that I last saw him alive on 3-10, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Capillary Bronchitis	2-19-46 to 3-10-46
Due to exposure to damp weather	
Due to —	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings: Of operations — Of autopsy —

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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 O. W. Johnson (M. D. or other)
Address 1046 N. Vandeventer Date signed 3-14-46

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Thomas

Licensed Embalmer No. 3522

P. O. Address 3704 Stanley

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.