

FILED SEP 24 1946 **STANDARD CERTIFICATE OF DEATH**

Jan 7 1946

31629

State file No.

Registrar's No.

7811

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
3169 Iowa /
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
 (c) City or town..... **St. Louis** **24** **17**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **3169 Iowa** **9**
 (If rural, give location) **0**
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **John E. Carson**

3. (b) If veteran, name war..... -- 3. (c) Social Security No. **489-05-186**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife..... **Rosa** 6. (c) Age of husband or wife if alive..... **57** years

7. Birth date of deceased..... **Oct.** **3.** **1885**
(Month) (Day) (Year)

| | | | | |
|---------|-----------|-----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 60 | 11 | 5 | hr. min. |

9. Birthplace..... **Boliva** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Shoe Worker**

11. Industry or business.....

MOTHER FATHER

12. Name..... **William Carson**

13. Birthplace..... **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **William Carson**

(b) Address..... **202 Ave. H., Lemay, Mo.**

17. (a) **Burial** (b) Date thereof..... **9/12/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peters Cemetery**

18. (a) Signature of funeral director..... **Wacker-Heldre**
(b) Address..... **3634 Gravois Ave.**

19. (a) **SEP 10 1946** (b) **J. J. Brebek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8**
year **1946** hour **4** minute **45** 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.....
Coronary Atherosclerosis
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) **95**

Major findings:
Of operations.....
Of autopsy.....

Duration
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..... **3**

23. Signature..... **Wacker-Heldre** (M. D. or other)
Address..... **Wacker-Heldre** Date signed..... **9/10/46**

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 Robert C. Wheeler

Licensed Embalmer No. 2178

P. O. Address Wagon Mts

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.