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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1946

State File No. 34739

Registration District No. 311 Primary Registration District No. 6076 Registrar's No. 2084

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rt. 14 Box 1009
(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 St. Louis 96
(c) City or town S. Affton 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 14, Box 1009 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruth Ann Carr
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 19 (Day) 1939 (Year)

8. AGE:	Years	Months	Days	If less than one day
	7	4	15	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Clinton Carr
13. Birthplace Unknown (City, town, or county) California (State or foreign country)
MOTHER
14. Maiden name Ann Bennett
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant James F. Bennett
(b) Address Rt. 14 Box 1009, Affton, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/46 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 3634 Gravois Ave.
19. (a) 10-8-46 (Date received local registrar) (b) Ruth L Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1946 hour 12 minute 35P. M.
21. I hereby certify that I attended the deceased from Aug 4, 1946 to Oct 4, 1946
that I last saw her alive on Oct 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the lungs	?
Due to	
Due to 47d	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0
23. Signature Waldo H Hill (M. D. or other)
Address Lemay R8 Mo Date signed 10/6/46

(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.....

Licensed Embalmer No. 2645

P. O. Address.....

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.