

S. No. 2
M-5-43
5-17-39
K36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38464

State File No. _____

FILED DEC 9 1946

Registration District No. 318 Primary Registration District No. 1000 Registrar's No. 10255

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hosp.
(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
(If outside city or town limits, write "RURAL")
(d) Street No. 5207 Idaho
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kathleen Mary Carr
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 26, 1946
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 30th
1946 year. hour 11 a.m. minute _____ M.
21. I hereby certify that I attended the deceased from November 26th to Nov. 30th, 1946;
that I last saw her alive on November 29th, 1946;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
0 0 4 _____ hr. _____ min.

Immediate cause of death Congenital Heart Disease Duration 4 days
Due to Prematurity 8 Mo.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation None

Due to _____
Other conditions none (Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Loran Carr
13. Birthplace Colorado (City, town, or county) (State or foreign country)
14. Maiden name Wilma Wolter
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations no
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Loran Carr
(b) Address 5207 Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-46
(Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul
Southern Funeral Home

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) Means of injury _____

18. (a) Signature of funeral director J. F. Bredeck
(b) Address 6322 S. Grand Blvd.,
19. (a) DEC 2 1946 (Date received by local registrar) (Registrar's signature)

23. Signature Wm. H. Walter (M. D. or D. O.)
Address 3608 S. Grand Blvd. Date signed 11/30/46

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

MOTHER FATHER

10255

Dr. Waller

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 J. W. Bentley
Licensed Embalmer No. 3653
P. O. Address St Louis Ind

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.