No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15862

Registration District No. FILED APR 23 1947 Primary Registration District No. 3069 Registrar's No. 825

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(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 Carsonville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3245 Welsberg Dr. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gladys C. Carr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cecil C. Carr

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 6 (Month) 2 (Day) 1903 (Year)

8. AGE: Years 43 Months 10 Days 12 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas Carr
13. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Ella Dixon
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mr. Cecil C. Carr
(b) Address 3245 Welsberg Dr.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) 4-18-47 (Date received local registrar) (b) Cecil C. Shaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 1947 hour 3:55 minute A M.

21. I hereby certify that I attended the deceased from April 4, 1947 to April 14, 1947; that I last saw her alive on April 14, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic Carcinoma of Brain & skull.	
Due to Carcinoma of Liver & Mediastinum Metastatic.	
Due to Carcinoma of breast right & left.	
Other conditions (Include pregnancy within 3 months of death) 50	

Major findings:
Of operations 3 yrs ago for Carcinoma of right breast.
Of autopsy none.

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No.

(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) 0

While at work? (e) Means of injury

23. Signature James Hale M.D. (M. D. or other)
Address 634 North Grand Date signed 4/14/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. J. F. Wade (1-4)
1004 Mo. Theatre Bldg.

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 Warren A. Carver

Licensed Embalmer No. 3532

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.