

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

11025
State File No. 637
Registrar's No. 637

FILED MAR 22 1948
Registration District No. 3907

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(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

3. (a) PRINT FULL NAME William Carlock

3. (b) If veteran, No name war _____ 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Alva Carlock 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 14 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name David Ewing

13. Birthplace Dadeville Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Ann Wilson

15. Birthplace Everton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Meyers

(b) Address 5011 Pernod

17. (a) Burial (b) Date thereof 3-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Everton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 3-8-48 (b) Gene A. Shupm
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29
(c) City or town Everton 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1948 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 1
1948 to Mar 7 1948
that I last saw him alive on Mar 6 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Chr. myocarditis
C.N.S. Syphilis (parans)
Due to _____ 300
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Car

23. Signature Ed Denny (M. D. or other) mid
Address Crem. Room, 2nd Date signed 3-7-48

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

MOTHER FATHER

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..... By W Wilkerson
.....
..... Licensed Embalmer No..... 3575
.....
..... 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.