S. No. 2
M—1/47
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96
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11027

Registrar's No. 830

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month 12 days (Specify whether
In this community 1 month 12 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Lemay 0
(If outside city or town limits, write "RURAL")

(d) Street No. 213 Nellie, 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME CARR, John J.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February (Month) 15 (Day) 1895 (Year)

8. AGE: Years 53 | Months 1 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Parsons, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Warehouse checker

11. Industry or business

FATHER
12. Name Unavailable 9
13. Birthplace "
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar
(b) Address VA Hosp. Jefferson Brks. Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEM.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.
(b) Address 7814 S. Bdwy. St. Louis, Mo.

19. (a) 3-31-48 (Date received local registrar) (b) Cecil A. Sharp MD Rose (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1948 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from February 18, 1948, to March 30, 1948; that I last saw him alive on March 30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CIRRHOSIS OF LIVER	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

1246

Major findings:
Of operations None
Of autopsy No Autopsy performed

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) None

(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 Wm. F. Rose (M. D. ~~XXXX~~)
Address VAH, Jefferson Brks. Mo. Date signed 3/30/48

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

APR 19 1948

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.