S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11028

FILED APR 5 1948

Registration District No. 3487

Primary Registration District No. 6076

Registrar's No. 710

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community 2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison
(c) City or town Alton
(If outside city or town limits, write "RURAL")
(d) Street No. 204 W 13th Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CARR, LeRoy C.
3. (b) If veteran, name war WW-2
3. (c) Social Security No. Unknown 332-12-9082
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Billie
6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased April (Month) 7 (Day) 1921 (Year)

8. AGE: Years	Months	Days	If less than one day
26	11	7	hr. min.

9. Birthplace Kane, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name Clyde Carrable
13. Birthplace Kane Co. Ill (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mildred Crawford Lable
15. Birthplace Jersey Co. Ill (City, town, or county) (State or foreign country)
16. (a) Informant Regis trar, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Robert Streepers/Fu. Home
(b) Address Alton, Illinois
19. (a) 3-15-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 14 year 1948 hour 11:59 minute P.M.
21. I hereby certify that I attended the deceased from March 13, 1948 to March 14, 1948; that I last saw him alive on March 14, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BILATERAL DIFFUSE PNEUMONIA	
Contributory cause: ANEMIA	
Due to	
Other conditions: – (Include pregnancy within 3 months of death)	
Major findings: Of operations –	
Of autopsy Autopsy performed (See cause of death)	

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
23. Signature L. E. Stilwell (M. D. or Coroner)
Address Jefferson Barracks, Mo. Date signed 3/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

APR 8 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 Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address Alton Ill.

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.