

U.S. No. 2
FORM-5-43
5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33995**
9200
Registrar's No. _____

FILED NOV 6 1948
Registration District No. **310**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2910 South Grand;
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2910 South Grand Ave.,
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WILLIAM CARSON.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mae L. Carson.

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

7. Birth date of deceased July 6 1878
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 16

If less than one day hr. _____ min. _____

9. Birthplace Brownstown, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Physician & Surgeon,

11. Industry or business _____

12. Name Samuel Carson.

13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Kelley

15. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae L. Carson.

(b) Address 2910 So. Grand.

17. (a) Burial (b) Date thereof Oct. 25, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) OCT 25 1948 (b) J. B. Laoster
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22
year 1948 hour 10:25 minute A. M.

21. I hereby certify that I attended the deceased from March 1941
19____ to Oct. 22 1948

that I last saw him alive on Oct. 21 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrh-
age; C.V.D. Duration 2 Wks

cardio vascular disease

Due to Generalized arterio-
sclerosis

Due to _____

Other conditions Hypostatic pneumonia 2 days
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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 Car

23. Signature Edward Richman (M. D. or other) _____

Address 634 N. Grand Date signed 10/23/48

0026

634 No. Grand.
JE-5588
(Date: 10-12-30 - 3-4)

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 Arnold W. Schoene
Licensed Embalmer No. 3864
P. O. Address St. Louis, Mo.

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.