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10-48

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24633

State File No. 1003

Registrar's No. 6381

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149

d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital
STREET ADDRESS (If rural, give location) 6350a Sutherland Ave

3. NAME OF DECEASED (Type or Print)
a. (First) MARGARET b. (Middle) M. c. (Last) CARSON
4. DATE OF DEATH (Month) (Day) (Year) July 23, 1950

5. SEX Female / 6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Nov. 22, 1880
9. AGE (In years last birthday) 69 If under 1 year: Months 8 Days 1 If under 12 hrs: Hours 1 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME John Henaghan
13b. MOTHER'S MAIDEN NAME Ann Dean
14. NAME OF HUSBAND OR WIFE Late Delmar O. Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Alice Carson-6350a Sutherland ADDRESS _____

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure
INTERVAL BETWEEN ONSET AND DEATH 1 day
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis, generalized since 1 year.
DUE TO (c) Multiple infarction, liver ?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____ 4/22/50

22. I hereby certify that I attended the deceased from 5-31, 1950, to 7-23, 1950, that I last saw the deceased alive on 7-23, 1950, and that death occurred at 1:17 A.M., from the causes and on the date stated above.

23a. SIGNATURE Paul M. Parashak M.D. (Degree or title)
23b. ADDRESS 5203 Chipman
23c. DATE SIGNED 7-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-26-50
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) St. Louis, Mo. (State) _____

DATE REC'D BY LOCAL REG. JUL 25 1950 REG.
REGISTRAR'S SIGNATURE J. B. Parshak
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser-4228 S. Kingshighway Bl.

(Licensed Embalmer's Statement on Reverse Side)

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

076476

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stover

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.