

FILED DEC 27 1950

## STANDARD CERTIFICATE OF DEATH

42086  
State File No. 10477  
Registrar's No.

BIRTH NO. 716309-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri 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		2169			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 16 4040 Hartford Street					
3. NAME OF DECEASED (Type or Print) a. (First) Terry b. (Middle) James c. (Last) Carr			4. DATE OF DEATH (Month) (Day) (Year) Dec. 7 1950						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 11-1950			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 Min. 24			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant			10b. KIND OF BUSINESS OR INDUSTRY --			11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME James H. Carr		13b. MOTHER'S MAIDEN NAME Edna Naeger		14. NAME OF HUSBAND OR WIFE Nil		
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James H. Carr 4040 Hartford St.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atresia of Rectum Congenital Cystic Kidneys ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 24 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION Nov 11 1950		19b. MAJOR FINDINGS OF OPERATION Gastrostomy				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7:57 P					
22. I hereby certify that I attended the deceased from Nov 11 1950, to Dec 7 1950, that I last saw the deceased alive on Dec 6 1950, and that death occurred at 9:40 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Dr. C. A. Lindemann M.D.				23b. ADDRESS 4176 Shreve Ave.		23c. DATE SIGNED 12/9/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-9-50		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.			
DATE REC'D BY LOCAL REG. REC p		REGISTRAR'S SIGNATURE J. B. Kusater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington				

(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Robert M. Murray*

Licensed Embalmer No. *3749*

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.