

STANDARD CERTIFICATE OF DEATH

State File No. 4007

FILED DEC 8-1951
BIRTH NO. 79425-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3885

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (In this place) life	c. CITY (If outside corporate limits, write RURAL and give township) Glencoe		474'
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital			d. STREET ADDRESS (If rural, give location) R R #1		
3. NAME OF DECEASED (Type or Print) a. (First) JOEL		b. (Middle) ANTHONY	c. (Last) CARRON	4. DATE OF DEATH (Month) (Day) (Year) December 2, 1951	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH November 15, 1951	9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months
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 and foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Howard Carron		13b. MOTHER'S MAIDEN NAME Wanda Ivey		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard Carron R R #1. Glencoe Missouri		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural cause				INTERVAL BETWEEN ONSET AND DEATH unk
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	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 <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)		7955	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Hubert R. Dombro Local Registrar, Vital Statistics			23b. ADDRESS 651 S. Brentwood Clayton Mo		23c. DATE SIGNED 12-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-4-51	24c. NAME OF CEMETERY OR CREMATORY Mount Hope	24d. LOCATION (City, town, or county) (State) Lemay, Missouri		
DATE REC'D BY LOCAL REG. 12-4-51	REGISTRAR'S SIGNATURE Hubert R. Dombro		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin		ADDRESS 2301 Lafayette Avenue

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 H. Y. Farris

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.