

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42820

FILED JAN 10 1952

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11414**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY 0199	
b. CITY OR TOWN ST LOUIS		c. CITY OR TOWN ST LOUIS	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4308 Mc PHERSON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4308 Mc PHERSON AVE		4. DATE OF DEATH (Month) (Day) (Year) DEC 33 1951	
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) WILLIAM c. (Last) CARSON		5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH NOV 12 1870 9. AGE (In years last birthday) 81 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE SALESMAN 10b. KIND OF BUSINESS OR INDUSTRY RETIRED 11. BIRTHPLACE (State or foreign country) ABINGDON ILL 12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOHN W CARSON		13b. MOTHER'S MAIDEN NAME ELIZABETH ANNA DODGE	
14. NAME OF HUSBAND OR WIFE ANNA 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. NONE 17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Carson ADDRESS 4308 Mc Pherson	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Hypertensive Cardiovascular Disease INTERVAL BETWEEN ONSET AND DEATH 2 yrs. ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) Apoplexy 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)	
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? H421	

22. I hereby certify that I attended the deceased from **1-1**, 1950, to **12-23**, 1951, that I last saw the deceased alive on **12-23**, 1951, and that death occurred at **8:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE H J Newdonck M.D. (Degree or title)		23b. ADDRESS 4390 Chest Pine		23c. DATE SIGNED 12-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 26 1951		24c. NAME OF CEMETERY OR CREMATORY CANYARY CEMETERY	
24d. LOCATION (City, town, or county) ST LOUIS		24e. (State) MO			

DATE REC'D BY LOCAL REG. DEC 24 1951		REGISTRAR'S SIGNATURE Paul Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wm J Robert Liny 1905 S Grand ADDRESS MO	
---	--	---	--	---	--

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.....

Ronald A. Yahns

Licensed Embalmer No. *3967*.....

P. O. Address *St. Louis*.....

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.