

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18832**

FILED JUN 7 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1414

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**
b. CITY (If outside corporate limits, write RURAL and give town) OR **RICHMOND-HTGS**
c. LENGTH OF STAY (in this place) **1 YR**
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **1432A WOODLAND-DR**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MISSOURI** b. COUNTY **ST. LOUIS**
c. CITY (If outside corporate limits, write RURAL and give township) OR **RICHMOND-HTGS** **4 205**
d. STREET ADDRESS (If rural, give location) **1432A WOODLAND DR**

3. NAME OF DECEASED (Type or Print)
a. (First) **WILLIAM** b. (Middle) **E** c. (Last) **CARRICK**
4. DATE OF DEATH (Month) (Day) (Year) **5 28 52**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED (Never married, widowed, divorced, ~~married~~)
8. DATE OF BIRTH **6-18-1890** 9. AGE (In years last birthday) **61** IF UNDER 1 YEAR Months **11** Days **10** IF UNDER 24 HRS. Hours **10** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **CLERK**
10b. KIND OF BUSINESS OR INDUSTRY **WAGNER-ELECT.**
11. BIRTHPLACE (State or foreign country) **MISSOURI**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **GEO. H. CARRICK** 13b. MOTHER'S MAIDEN NAME **IDA-LEE** 14. NAME OF HUSBAND OR WIFE **CORBA-CARRICK** *Above*

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **NONE**
16. SOCIAL SECURITY NO. **320-07-3915**
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **CORBA-D. CARRICK-1432A WOODLAND.**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **carcinoma of intestine 3 spot**
ANTECEDENT CAUSES (b) **carcinoma of prostate 1949 - resection removed**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. _____
INTERVAL BETWEEN ONSET AND DEATH **3 spot**

19a. DATE OF OPERATION **1-10-49** 19b. MAJOR FINDINGS OF OPERATION **carcinoma** 20. AUTOPSY? YES NO

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) **154X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from **Nov 1948** to **May 28th 1952**, that I last saw the deceased alive on **May 28th 1952**, and that death occurred at **9:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Professor M.D.** 23b. ADDRESS **3500 Bancroft St. St. Louis 17 MO** 23c. DATE SIGNED **5/29/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **5-31-52** 24c. NAME OF CEMETERY OR CREMATORY **BELLEFONTAINE-CEM.** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REG. **5-31-52** REGISTRAR'S SIGNATURE **Herbert R. Donke M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **JAY B. SMITH 7456 MANCHESTER-MAPLEWOOD MO**

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

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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.....



Licensed Embalmer No. 4029

P. O. Address..... Maplewood

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.