

No. 500  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20117

State File No. ....

FILED JUN 10 1953

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1440

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New York</u> b. COUNTY <u>Westchester</u>	
b. CITY OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>White Plains</u>	
c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		d. STREET ADDRESS (If rural, give location) <u>#14 Saratoga</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>Carr</u> c. (Last) <u>Carr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>2/14/1922</u>		9. AGE (In years last birthday) <u>31</u>		10. IF UNDER 14 HRS. Months Days Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pilot</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Airplane</u>		11. BIRTHPLACE (State or foreign country) <u>Brookton Mass.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Harold Carr</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Give no. or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>W.W. 2 088 14 7405</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell E. Moriarty Westwood N.J.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures, brain damage, &amp; shock - suffered while an occupant of an airplane which crash landed on the eastern end of Lambert Air Field and was destroyed. All occupants were personnel of Meteor Air Transport, Inc.</u>		DUE TO (b) <u>of an airplane which crash landed on the eastern end of Lambert Air Field and was destroyed. All occupants were personnel of Meteor Air Transport, Inc.</u>				DUE TO (c) <u>and was destroyed. All occupants were personnel of Meteor Air Transport, Inc.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>400 861K/39</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lambert Airport</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Berkeley City St. Louis Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5/24/53 5:33A. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Crash landing of airplane</u>	
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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 <u>Arnold J. Wellmann, Coroner</u>		23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>5/26/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/25/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RURAL CEMETERY WHITE PLAINS N.Y.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>5-25-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domba M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Callier's Funeral Home 10123 St. Chas. Rd.</u>	
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320 (Licensed Embalmer's Statement on Reverse Side)

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

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DEC 14 1958

JAN 15 1959

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 *John S. Bennett*  
Licensed Embalmer No. *4194*

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.