

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

22763

Filed JUN 20 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5492**

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>I. PLACE OF DEATH</b><br>a. COUNTY   |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>2179</b> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Missouri</b> township) c. LENGTH OF STAY (In this place) <b>77 yrs</b> |   | c. CITY OR TOWN <b>St. Louis</b>  |   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1</b>   |   | e. STREET ADDRESS (If rural, give location) <b>3011 Eads Avenue</b>   |   |   |  |
| <b>3. NAME OF DECEASED</b><br>(Type or Print)<br>a. (First) <b>WILLIAM</b> b. (Middle) <b>HENRY</b> c. (Last) <b>CARR</b>                               |   |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>June 1, 1953</b> |   |  |
| <b>5. SEX</b><br><b>male</b>  | <b>6. COLOR OR RACE</b><br><b>white</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>widower</b>   | <b>8. DATE OF BIRTH</b><br><b>April 21st, 1876</b>                  |   | <b>9. AGE</b> (In years last birthday) <b>77</b> If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min. |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>                                    |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Retired</b>  |   | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><b>St. Louis Mo.</b>   |  |
| <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U.S.A.</b>  |   |   |   |   |  |

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|--|--|--|
| <b>13a. FATHER'S NAME</b><br><b>Roger Carr</b> | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Catherine Kriel</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Mary Charleville (Deceased)</b> |
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|--|---|---|--|--|--|
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | <b>16. SOCIAL SECURITY NO.</b><br><b>none</b> | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>Emma J. Schatz</b> |  | <b>ADDRESS</b><br><b>5219 Murdock Ave.</b> |  |
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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b> yrs.</b> |
|  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>arteriosclerotic heart disease</b>  |  |   |
|  | <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                               |  |  |
|-------------------------------|--|--|
| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><b>none</b> | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
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|   |  |  |
|---|--|--|
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b><br><b>4200</b> |
|---|--|--|

**22. I hereby certify that I attended the deceased from May 21, 1953, to June 1, 1953, that I last saw the deceased alive on June 1, 1953, and that death occurred at 5:00A m., from the causes and on the date stated above.**

|   |   |  |
|---|---|--|
| <b>23a. SIGNATURE</b> (Degree or title)<br><b>C. Luer, M.D.</b> | <b>23b. ADDRESS</b><br><b>1515 Lafayette Ave.</b> | <b>23c. DATE SIGNED</b><br><b>6-1-53</b> |
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|   |  |   |  |
|---|--|---|--|
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>Burial</b> | <b>24b. DATE</b><br><b>June 3-1953</b> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Valhalla Cemetery</b> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b> |
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|  |  |   |                                       |
|--|--|---|---------------------------------------|
| <b>DATE REC'D BY LOCAL REG.</b><br><b>JUN 2 1953</b> | <b>REGISTRAR'S SIGNATURE</b><br><b>J. Carl Smith</b> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>Henry L. Weidemuerfer</b> | <b>ADDRESS</b><br><b>6203 Gravois</b> |
|--|--|---|---------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

**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.....  
Signature of Student Embalmer

Signed *Elton R. Remaker*.....

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).**  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.