

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37082

State File No.

FILED OCT 23 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9671

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O.D.A. Homer Phelps Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>909th N. Sarah</u> ²¹¹⁹⁰			
3. NAME OF DECEASED (Type or Print) <u>Thomas</u>		b. (Middle) <u>6</u>		c. (Last) <u>Carr</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 53</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>Negro</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Jan. 8, 1903</u>		9. AGE (In years last birthday) <u>50</u> ⁹	
10a. USUAL OCCUPATION (Give kind of work done during most of working life when if retired) <u>Rubber Collector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City St. Louis</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Abe Carr</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Aslee Carr</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, m, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Aslee Carr</u>		ADDRESS <u>909th N. Sarah</u>			

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		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE (b)			
ANTECEDENT CAUSES		DUPLICATE (c)			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>Coronary Occlusion</u>			
II. OTHER SIGNIFICANT CONDITIONS		<u>Coronary Sclerosis</u>			
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 checked="" type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>	

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 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Patrick E. Taylor Coroner</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>10.9.53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 12, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Doove</u>		ADDRESS <u>1221 N. Grand</u>	
DATE REC'D BY LOCAL REG. <u>OCT 9 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>			

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.....
Signature of Student Embalmer

Signed *Gupton Swain*.....

Licensed Embalmer No. *4580*.....

P. O. Address *1221 1/2 St*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.