

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13273**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3462**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 3400 So. Grand Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LUCIEN c. (Last) CARR		4. DATE OF DEATH (Month) (Day) (Year) APRIL 16, 1954	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D.	8. DATE OF BIRTH July 10, 1879
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 9 Days 8	IF UNDER 24 HRS. Hours 8 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Robert S. Carr		13b. MOTHER'S MAIDEN NAME Fannie Selby	14. NAME OF HUSBAND OR WIFE Mrs. Florence Carr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Marie Josephine Carr, 5475 Cabanne Ave.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Blockage common bile duct DUE TO (c) Stone. Operation for same II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aruptation Rt. leg.	
19a. DATE OF OPERATION 9 January 54		19b. MAJOR FINDINGS OF OPERATION Stone occluding common bile duct.	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) 584X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-20-53, 19 , to 4-16-54, 19 , that I last saw the deceased alive on 4-16-54, 19 , and that death occurred at 9:55P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William A. Tibing, M.D.		23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 4-17-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
DATE REC'D BY LOCAL REG. APR 19 1954	REGISTRAR'S SIGNATURE J. Carl [Signature]	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS 3840 Lindell Blvd.	

(Licensed Embalmer's Statement or Reverse Side)

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 ml....., Student Embalmer No.....
working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 4699.....

P. O. Address [Signature].....

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.