

FILED MAR 1 1955

STANDARD CERTIFICATE OF DEATH

State File No. **6662**
 BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **413**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY OR TOWN Clayton	
c. LENGTH OF STAY (In this place) 10 yrs		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: 6470 San Bonita Ave;		e. STREET ADDRESS (If rural, give location) 6470 San Bonita Ave;	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) Cockrill c. (Last) CARR.			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 10, 1885
9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; INSPECTOR		10b. KIND OF BUSINESS OR INDUSTRY Grain Inspector.	11. BIRTHPLACE (City and State or Foreign Country) Danville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Silas Carr.	
13b. MOTHER'S MAIDEN NAME Mary Jane Connor.		14. NAME OF HUSBAND OR WIFE Louise Hauser Carr.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 496-14-7675	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louise H. Carr., 6470 San Bonita 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis, Chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Wenemia myocarditis, Chronic DUE TO (c) End Arteritis Obliterans II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, med	
INTERVAL BETWEEN ONSET AND DEATH 2 years 2 yrs 4 yrs 2 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		442X
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar , 19 51 , to Feb 15 , 19 55 , that I last saw the deceased alive on Feb 15 , 19 55 , and that death occurred at 6 P m. , from the causes and on the date stated above.			
23a. SIGNATURE: (Degree or title) Abraham Henderson M.D.		23b. ADDRESS 508 N Grand	23c. DATE SIGNED 2-16-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/18/1955	24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. 2-17-55	REGISTRAR'S SIGNATURE Hembert D. Rankin M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,	

(Licensed Embalmer's Statement on 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*.....

Licensed Embalmer No. *386*.....

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