

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23565**
Registrar's No. **6170**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Hospital		c. LENGTH OF STAY (In this place) 5 days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 5616 Pershing Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) W Espert b. (Middle) William c. (Last) Carrecabe			4. DATE OF DEATH (Month) (Day) (Year) July 14, 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 15, 1880	9. AGE (In years last birthday) 75 yrs	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advance Counter Co.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advance Counter Co.			11. BIRTHPLACE (City and State or Foreign Country) Lynn Mass.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John H. Carrababe		13b. MOTHER'S MAIDEN NAME Anna Louise (unknown)		14. NAME OF HUSBAND OR WIFE Edith P. Carracabe	
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. 493-07-9734		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Minnie Neuberger 5574 Altica Ave	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) lobar pneumonia		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
		ANTECEDENT CAUSES DUE TO (b) Bronchial asthma		years.
		DUE TO (c) Aortic aneurysm		3 years.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 7-14-55		19b. MAJOR FINDINGS OF OPERATION 022X		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)		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 **1946**, to **7-14**, 19**55**, that I last saw the deceased alive on **7-14-55**, 19**55**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. B. Barrett M.D.		23b. ADDRESS 5427 Delmar		23c. DATE SIGNED 7-15-55	
---	--	------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE July 19, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo	
--	--	-----------------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. JUL 18 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Gleason + Sons		ADDRESS 6175 Delmar	
--	--	--	--	---	--	-------------------------------	--

(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 *Jos. E. McCulloh*.....

Licensed Embalmer No. *2460*

P. O. Address *6175 De*

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.