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FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27518

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7296**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>St. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. LOUIS</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>WEBSTER GROVES</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN BROTHERS HOSP.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>709 CLARK AVE</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>VICTOR</b>	b. (Middle) <b>EMILE</b>	c. (Last) <b>CARTIER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 20, 1955</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>OCT 28, 1879</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SUPERVISOR OF WEIGHS</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>MERCHANTS DUSTRY EXCHANGE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BONNOTS MILL, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
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13a. FATHER'S NAME <b>HIPPOLITE CARTIER.</b>	13b. MOTHER'S MAIDEN NAME <b>CONSTANCE SENEVEY</b>	14. NAME OF HUSBAND/ OR WIFE <b>NELL E. CARTIER.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>NELL E. CARTIER</b>	ADDRESS <b>709 CLARK AV. WIG.</b>
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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, asthma, 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) <b>Myocarditis + Coronary Occlusion</b>		<b>4 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arterial Sclerosis</b>		<b>10 years</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **4/10/52** 19**52**, to **8/20** 19**55**, that I last saw the deceased alive on **7/19** 19**55**, and that death occurred at **7** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Demko, M.D.</b>	23b. ADDRESS <b>3450 Graven</b>	23c. DATE SIGNED <b>8/24/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG 22 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM</b>	24d. LOCATION (City, town, or county) (State) <b>St. LOUIS COUNTY, MO.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 22 1955</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Croghan</b>	ADDRESS <b>831 E. BIG BEND</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

**WEBSTER GROVES 19 MO.**

3928

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.....  
*Ronald O. Yahn*

Licensed Embalmer No. 391

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.