

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42816

FILED DEC 27 1956

STATE FILE NUMBER 11257

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital #1			Length of stay in 1b 223 1/2		d. STREET ADDRESS 1552 Mississippi Ave. (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE R CARR			4. DATE OF DEATH Month Day Year Dec. 7 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 23, 1876	9. AGE (In years last birthday) 80 years	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Colorado	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Eugene Carr			14. MOTHER'S MAIDEN NAME Jennie McMillin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Jas. K. Riley, 8 Ivanhoe Woods		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and, (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subdural Hemorrhage</i> <i>Arterio Sclerosis</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Suffered in fall at City Hospital</i>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. 11 24 56 a. m. November 24th 1956. p. m.			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> E904. 7/45			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, bldg., etc.) <i>Asap</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>St. Louis Mo. Mo.</i>		
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>110 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Deceased or title) <i>James M. Kelly Deputy</i>			22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>12-10-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. NAME OF CEMETERY OR CREMATORY <i>N. St. Marcus Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Witt Bros. L. &amp; U. Co. 2929 S. Jefferson</i>			25. DATE RECD. BY LOCAL REG. <i>DEC 10 1956</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

---

---

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 *Donald C. Witz*.....

Licensed Embalmer No. *43*.....

P. O. Address *2929 S.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.