

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2600

XC- 16 477 288

SL- 8306 FILED JAN 25 1957

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STATE FILE NUMBER
141
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SAINT CLAIR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND ST. LOUIS, MO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN EAST ST. LOUIS		8/20 8 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Length of stay in lb 52 DAYS	d. STREET (If outside, give location) ADDRESS 567 N. 15 TH. STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DONALD Middle T Last CARLIN			4. DATE OF DEATH Month 1-5-57 Day 57 Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-24-07	9. AGE (In years last birthday) 49 IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SWITCHMAN		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and state or country) CLINTON, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME EUGENE CARLIN			14. MOTHER'S MAIDEN NAME MABEL PHAR		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 2		16. SOCIAL SECURITY NO. 520-07-6994	17. INFORMANT Address MISSOURI. VA. HOSP. RECORDS. 916 N. GRAND. ST. LOUIS		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA DUE TO (b) CHRONIC RENAL DISEASE 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 Onset
20a. ACCIDENT <input 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.) 592x			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____					
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.) VA	20f. CITY, TOWN, OR LOCATION VAH. ST. LOUIS, MISSOURI		COUNTY _____ STATE _____
21. I attended the deceased from 11-14-56 to 1-5-57 and last saw him live on 1-5-57 Death occurred at 3:30 A.M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>William J. Fitzpatrick</i> WILLIAM J. FITZPATRICK M. D.			22b. ADDRESS VAH. ST. LOUIS, MISSOURI		22c. DATE SIGNED 1-5-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/8/57	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
24. FUNERAL DIRECTOR <i>John Kandy</i> E. St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. JAN 7 1957	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i> J. Earl Smith, M.D. S.P.		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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-56

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 Not Embalmed, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joseph J. Karsly
Licensed Embalmer No.

P. O. Address E. H. Lane

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.