

FILED FEB 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6060

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 548

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>ST. LOUIS</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>FRONTENAC</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>FAITH HOSPITAL</i>			Length of stay in lb <i>47 days</i>		d. STREET ADDRESS <i>10337 GARIBALDI</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>JAMES O. CARVER</i>				4. DATE OF DEATH Month <i>JAN</i> Day <i>16</i> Year <i>1957</i>				
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov. 19, 1915</i>		9. AGE (In years last birthday) <i>41</i>	IF UNDER 1 YEAR Months <i>1</i> Days <i>27</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>POLICE OFFICER</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Village of Frontenac</i>		11. BIRTHPLACE (City and state or country) <i>Fredericktown, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>DAN CARVER</i>				14. MOTHER'S MAIDEN NAME <i>Edna Rechling</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>W. W. 2 490-18-9184</i>		17. INFORMANT <i>Helen Carver</i>		Address <i>10337 Garibaldi</i>		
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>Carcinomatosis</i>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Primary in the Urachus.</i>						
		DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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.) <i>181x</i>					
20c. TIME OF INJURY Hour _____ 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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>11:30 p. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>James O. Carver</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>1/18/57</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>1/21/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEMETERY</i>		23d. LOCATION (City, town, or county) (State) <i>Jefferson BARRACKS, MO</i>			
24. FUNERAL DIRECTOR <i>Louis H. Bopp Inc</i>			ADDRESS <i>Kirkwood, MO</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 18 '57</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		

(Licensed Embalmer's Statement on Reverse Side)

000-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

Death, Cause, etc. must be causally related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

507

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.....

Licensed Embalmer No. 457

P. O. Address *Richwood*

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.