

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10031

FILED APR 12 1957

State File No.

2526

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. 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, write RURAL and give township) **St. Louis,** c. LENGTH OF STAY (in this place) **2 wks.**
c. CITY OR TOWN **St. Louis,** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **61 1245 No. Kingshighway**
e. STREET ADDRESS (If rural, give location) **1245 No. Kingshighway**

3. NAME OF DECEASED (Type or Print)
a. (First) **WALTER** b. (Middle) **F.** c. (Last) **CARSON**
4. DATE OF DEATH (Month) (Day) (Year) **Mar. 12, 1957**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single**
8. DATE OF BIRTH **Aug. 25, 1910** 9. AGE (In years last birthday) **46** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) **Janitor**
10b. KIND OF BUSINESS OR INDUSTRY **1245 N. Kingshighway**
11. BIRTHPLACE (City and State or Foreign Country) **Illinois**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Millard Carson** 13b. MOTHER'S MAIDEN NAME **Mary Burris** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes #2**
16. SOCIAL SECURITY NO. **499-05-0380** 17. INFORMANT'S SIGNATURE OR NAME **Mary Granger** ADDRESS **3634a Blaine St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Aspiration Vomitus**
ANTECEDENT CAUSES (b) **Acute Alcoholism**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) **322.0**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (m.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **707A** m., from the causes and on the date stated above.

22a. SIGNATURE **Reginald J. Jones Deputy** (Name of title) 23a. ADDRESS **1300 Clark** 23c. DATE SIGNED **3/14/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 24b. DATE **3/15/1957** 24c. NAME OF CEMETERY OR CREMATORY **Mitchell Cemetery** 24d. LOCATION (City, town, or county) (State) **Robertsville, Mo.**

DATE REC'D BY LOCAL REG. **MAR 14 57** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Fendler Und. Co.** ADDRESS **7420 Michigan Ave.**

S.P. (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 *W. G. Peterson*

Licensed Embalmer No. *3167*

P. O. Address *7420 Micki*

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.