

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 4098-58

3246
State File No. 32

BIRTH NO. _____		REG. DIST. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 18 Park Lane Memorial				d. STREET ADDRESS (If rural, give location) 126 5025 Waterman Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Perry c. (Last) McCarver		4. DATE OF DEATH (Month) (Day) (Year) Jan 3 1958		5. SEX Male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH 1-2-58		9. AGE (In years last birthday) 28		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Joseph McCarver		13b. MOTHER'S MAIDEN NAME Betty Jane Britt		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Perry McCarver above			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (Prematurity) Right atelectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. upper Respiratory Infection 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. 774X				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Right atelectasis				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1-2-1958 , to 1-3-1958 , that I last saw the deceased alive on 1-3-1958 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. Miller				23b. ADDRESS Park Lane Hosp.		23c. DATE SIGNED 1-3-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-3-58		24c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery East St. Louis Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. JAN 3 58		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McMickle F. D. C. Prairie, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

M. J. B. (Licensed Embalmer's Statement on Reverse Side)

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.

Not embalmed.

Student
Student Embalmer

Signed *Joseph Perry McCarver*

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.