JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-008029

FILED VS FEB 25 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1660 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY ----
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lutheran Hospital — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jefferson
c. CITY OR TOWN Herculaneum — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): Curved Street — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Joseph Middle Louis Last Carrow
4. DATE OF DEATH: Month Feb. Day 10, Year 1960

5. SEX: M
6. COLOR OR RACE: W
7. Married X ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Apr. 27, 1890
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist (Ret)
10b. KIND OF BUSINESS OR INDUSTRY: St. Joe Lead Co.
11. BIRTHPLACE (City and state or country): French Village, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Narcisse Carrow
13b. MOTHER'S MAIDEN NAME: Julia
14. NAME OF HUSBAND OR WIFE: ~~Bydie~~ BIRDIE Mae Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 493-03-9163
17. INFORMANT: Mrs. Jos. Carrow, Curved St., Herculaneum — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Thrombocytopenia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute lymphatic leukemia
DUE TO (c): 204.3
INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4/30/59 to 2/10/60 and last saw ~~her~~ him alive on 2/10/60
Death occurred at 1 15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward W. Gebinski M.D.
22b. ADDRESS: 3701 Grandel Sq
22c. DATE SIGNED: 2/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 13, 1960
23c. NAME OF CEMETERY OR CREMATORY: Herculaneum Catholic
23d. LOCATION (City, town, or county) (State): Herculaneum, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Vinyard Fun'l. Homes, Inc., Festus, Mo.
25. DATE RECD. BY LOCAL REG.: FEB 13 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4976

P. O. Address _____

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