N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11363-a

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 3231 Neosha Street St. ..... Ward)

File No. 3268

Registered No. .....

2. FULL NAME Mary Ellen Carlton

(a) Residence, No. 3231 Neosha Street St., 15 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Carlton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15th, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool, England

FATHER

13. NAME George Sims

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Carlton (ADDRESS) 3231 Neosha Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St Marcus DATE March 31, 1934

19. UNDERTAKER Werck Bros (ADDRESS) 2201 S. Grand Boulevard

20. FILED APR 31 1934 J. S. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to March 27, 1934

I last saw her alive on March 27, 1934 Death is said to have occurred on the date stated above, at 11:22 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
8288	
10	
9561	

Other contributory causes of importance: Malignant Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify W. E. Holdenried M. D.

(Signed) 4532 a Virginia, M. D.

(Address) St Louis Mo

(HOLDENRIED)

4530 Virginia
12-20 PM