

JAN 10 1938

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

42877
Do not use this space.
11127

1. PLACE OF DEATH West End Hotel
(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City St. Louis Mo. (d) Street No. 3900 W Bell Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Caroline Ross Carter
(a) Residence, No. 3900 W Bell Ave Apt; 5 C. St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Napoleon ~~Widow~~
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th, 1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 6 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) Water Vally Miss; (STATE OR COUNTRY)
13. NAME Bozel Riley
14. BIRTHPLACE (CITY OR TOWN) Miss (STATE OR COUNTRY)
15. MAIDEN NAME Caroline Riley
16. BIRTHPLACE (CITY OR TOWN) Miss (STATE OR COUNTRY)

17. INFORMANT Lillian Ross (ADDRESS) 3900 W Bell Apt; 5.C.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Water Valley Miss DATE 12-13 1937
19. FUNERAL DIRECTOR Ellis Funeral Home (ADDRESS) 2800 Stoddard St.
20. FILED 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29 1937
22. I HEREBY CERTIFY, That I attended deceased from July 2, 1937 to Nov 29, 1937
I last saw her alive on 11-29 1937 Death is said to have occurred on the date stated above, at 4/45 A.M.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset 11/25
Other contributory causes of importance: Coronary Artery
Name of operation None Date of
What test confirmed diagnosis Auscultation 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
(Signed) V. C. Payne, M. D.
(Address) 3337 22nd St.

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.

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STATEMENT BY LICENSED EMBALMER

I, Lonnie Boykin, Licensed Embalmer No. 2946
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Lonnie Boykin
Licensed Embalmer No. 2946

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.)