REC'D JUL 12 1938

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

C20223
Do not use this space.

Registration District No. 1003 791
Primary Registration District No.
Registered No. 5362

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St Louis
(d) Street No. Homer Phillips Hospital 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 Henrietta Carlyle colored
(a) Residence, No. 5572 Clemens Ave St. 5
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Carlyle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-18-1896
7. AGE: Years 42 Months 1 Days 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. Maid
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) Alabama

FATHER
13. NAME Henry Fowler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Alabama

MOTHER
15. MAIDEN NAME Anne Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Alabama

17. INFORMANT Lillian Dickerson
(ADDRESS) 4261 West St Ferdinand
18. BURIAL, CREMATION, OR REMOVAL
PLACE Audubon Ala DATE June 13, 1938
19. FUNERAL DIRECTOR (NAME) C. R. Lipton & Sons
(ADDRESS) 7233 Delmar Blvd.
20. FILED JUN 13 1938 J. P. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho Pneumonia.	
Chronic Parenchymatous Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of ..... Yes
What test confirmed diagnosis? ..... 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) Joseph M. Brennan, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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, ...
Bradford A. Miles, or by .....,
Registered Apprentice No. ....., working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address 7233 Delmar

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, above space should be left blank.