

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

16951  
Do not use this space.  
**4485**

DEC'D JUN 12 1939

791  
1003

1. PLACE OF DEATH  
 (a) County..... / Registration District No.....  
 (b) Township..... / Primary Registration District No.....  
 (c) City..... Saint Louis / (d) Street No. Homer G. Phillips Hosp. 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 Norman Caruthers  
 (a) Residence, No. 813 N. Garrison Avenue St. 21  
 (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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Caruthers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
48      2      8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. W. P. A.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Nashville /  
 (STATE OR COUNTRY) Tennessee

FATHER 13. NAME Kemp Caruthers

14. BIRTHPLACE (CITY OR TOWN)..... Unavailable  
 (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Fannie Atkerson

16. BIRTHPLACE (CITY OR TOWN)..... Unavailable  
 (STATE OR COUNTRY) Tennessee

17. INFORMANT Frances Caruthers  
 (ADDRESS) 813 N. Garrison Avenue

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE National Cem. DATE 5/17/39

19. FUNERAL DIRECTOR (NAME) Charles J. Gates  
 (ADDRESS) 4107-09 Finney Avenue

20. FILED MAY 15 1939  
J. F. Brubaker Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1939, to May 12th, 1939

I last saw him alive on May 12th, 1939 Death is said to have occurred on the date stated above, at 3:40 m. a.m.  
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia  
Nephritis (Chronic Interstitial)  
 Date of onset

Other contributory causes of importance:  
None

Name of operation None 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? .....  
 If so, specify .....  
 (Signed) Joseph M. Quinn, M.D.  
 (Address) 3200a Franklin Avenue

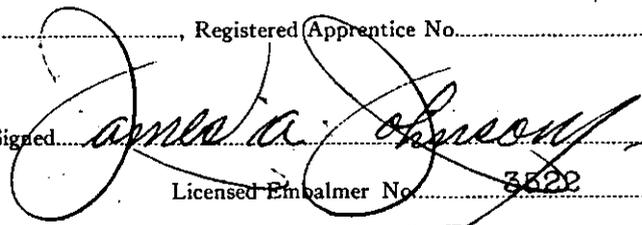
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

**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.....

.....James A. Johnson....., Registered Apprentice No.....  
working under my personal supervision.

Signed..........  
Licensed Embalmer No.....3522.....  
P. O. Address.....4107 Finney Ave......

**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.**