

Registration District No. 791Primary Registration District No. 1003Registrar's No. 853

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (c) Name of hospital or institution: 1124 So. 18th St.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME LORETTA CARLIN 6453. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_

4. Sex Female  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Wm.  
 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased April 1 1878  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 9 26 hr. min.

9. Birthplace North Carolina  
(City, town, or county) (State or foreign country)10. Usual occupation At Home11. Industry or business Cates12. Name Don't Know13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)14. Maiden name Don't Know15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mr. Wm. Carlin(b) Address 1124 So. 18th St.17. (a) Burial (b) Date thereof Jan. 31, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Jackson, Tennessee18. (a) Signature of funeral director A. S. Kubben Dir. & Und. Co.(b) Address 2842 Meramec St.19. (a) JAN 29 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 22  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1124 So. 18th St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27  
 year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,  
 that I last saw h. on alive on Jan 27, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death 87° Complications from fracture of right hip joint  
pen foot to sidewalk R  
in front of about 1116 So 18th  
 Due to Expectant ventricle

Other conditions Hypertension  
 (Include pregnancy within 6 months of death)

Major findings:  
 Of operations O.R. in Col.  
Alcedo J. J. J. 1/27/40

Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? St. Louis  
(City, town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature H. J. Moore (M. D. or other)Address 1004 So. 18th Date signed \_\_\_\_\_

**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.....

Robert F. Gebken....., Registered Apprentice No. 187.....

working under my personal supervision.

Signed.....

Herman A. Gebken.....

Licensed Embalmer No. 2120.....

2842 Meramec St.  
P. O. Address..... St. Louis, Mo......

**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.**