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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 693

Registration District No. 791 — FILED FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 693

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 27 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 1817
(If outside city or town limits, write "RURAL")

(d) Street No. 3002 Clark Av. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Carrie Henley

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 42 | Months | Days | If less than one day hr. min.

9. Birthplace Arkansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Della Greer
(b) Address 460 So. 39 St. E. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetary

18. (a) Signature of funeral director Birdie Seal Anderson
(b) Address 2726 Lucas Avenue

19. (a) JAN 22 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12, year 1941 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from November 14, 1940, to January 12, 1941 that I last saw her alive on January 12, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal obstruction	
Due to 30	
Due to	
Other conditions Gen. paralysis of Insane (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature W. A. Carley (M. D. or other)
Address 1515 Lafayette Ave. Date signed 1/13/41

(Licensed Embalmer's Statement on Reverse Side)

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~~ Birdie Beal Anderson, Registered Apprentice No. working under my personal supervision.

Signed Birdie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.