

STANDARD CERTIFICATE OF DEATH

State File No. **33379**

FILLED NOV 24 1941

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **8334**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **Peoples Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **17 hrs.** (Specify whether years, months or days)

In this community **11 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**

(d) Street No. **3200 Lucas Ave.** (If rural, give location) **0**

(e) Citizen of foreign country? (Yes or No)

W. O. Blumley, physician

3. (a) PRINT FULL NAME **Blanche Carey**

3. (b) If veteran. name war **---** 3. (c) Social Security No. **-----**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **18th.** year **1941** hour **10.00** minute **00** P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw h_____ alive on _____ 19____ and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **George Carey** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **January 29th.** 1908
(Month) (Day) (Year)

Immediate cause of death **Cardiac Hypertrophy (Arteriosclerosis) Uterine Fibroid (Anterior)**

Duration _____

8. AGE: Years **33** Months **8** Days **19** If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **950**

9. Birthplace **Jackson Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Major findings: Of operations _____ Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name **Unknown Robinson**

13. Birthplace **Jackson Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Unavailable**

15. Birthplace **Unavailable**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Carey**

(b) Address **3200 Lucas Ave.**

17. (a) **Removal** (b) Date thereof **10-23-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jackson Tennessee**

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? _____

18. (a) Signature of funeral director **Chas. Bates**

(b) Address **4107 Finney Ave.**

19. (a) **OCT 21 1941** (b) **J. F. Bredeck**
(Date received local registry) (Registrar's signature)

23. Signature **Thomas Nelson** (M. D. or other) **3**

Address **1300 Clark Ave.** Date signed **10-20-41**

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

STATEMENT BY LICENSED EMBALMER

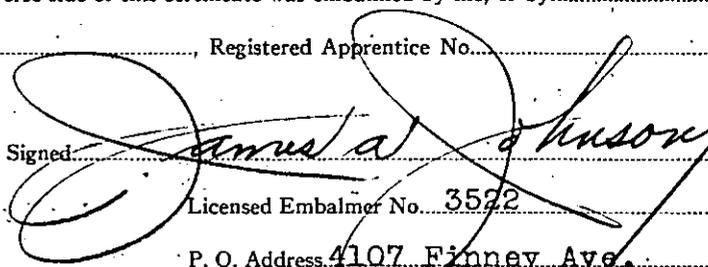
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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, fact should be so stated above.