S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25904

Primary Registration District No. 1003

Registrar's No. ~~12265~~ 000

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis, 0 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4458 Easton Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Carrie Hayman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased March 1, 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	4	29	hr. min.

9. Birthplace Alabama (City, town, or county) / (State or foreign country)

10. Usual occupation Laundress

11. Industry or business

FATHER
12. Name Bosyer Jackson
13. Birthplace Ala. (City, town, or county) / (State or foreign country)

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

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier St.

17. (a) Antonino Bosco (Burial, cremation, or removal) (b) Date thereof 8-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Rieter
(b) Address 3500 Ritter St.

19. (a) AUG 31 1942 (Date received local registrar) (b) J. P. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30, year 1942 hour 3 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 30, 1942 to July 30, 1942 that I last saw her alive on July 30, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension	Unk.
Prob. Transverse Myelitis	
Due to	
Due to	
Other conditions (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 Sidney E. Smith (M. D. or other)
Address 2601 Whittier Date signed 8/4/42

(Licensed Embalmer's Statement on Reverse Side)

42

844

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.