

FILED FEB 4 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **29 days**  
In this community **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1613 (Rear) Cole St**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

000  
17  
9  
25

3. (a) PRINT FULL NAME **Brenda Carnes**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Richard Carnes** 6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **March 7th 1902**  
(Month) (Day) (Year)

8. AGE: Years **40** Months **10** Days **16** If less than one day hr. min.

9. Birthplace **St Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **at home**

12. Name **Joseph Smith**

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

14. Maiden name **Lulu Gaines**

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

16. (a) Informant **Edna Morris**

(b) Address **1306 no. 11th st.**

17. (a) **Burial** (b) Date thereof **1/28/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **C.W. Roberts**

(b) Address **3035 Lucas ave**

19. (a) **JAN 27 1943** (b) **J. F. Bredack**  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **23**  
year **1943** hour **8** minute **15** A. M.

21. I hereby certify that I attended the deceased from **December 26, 1942** to **January 23, 1943**

that I last saw her alive on **January 23, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **Unknown**

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? \_\_\_\_\_

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Alva Moore** (M. D. or other) \_\_\_\_\_

Address **2601 N. Whittier** Date signed **1-25-43**

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.....

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

working under my personal supervision.

Signed.....

*William Claude Gordon*

Licensed Embalmer No.....

*3489*

P. O. Address.....

*4575 Alhine*

**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.**