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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8156

FILED APR 3 1943 8318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2788

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days 56Min (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000.

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1434 N. 13th Street
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Leona Elizabeth Carr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Negro 3

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) 10 (Day) 43 (Year)

8. AGE: Years | Months | Days 14 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Sylvester Carr
13. Birthplace Goodman (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Lela Moore
15. Birthplace Durant (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Esther Mayo Sherard, RRL
(b) Address 2601 N. Whittier Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR 25 1943 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Merschmann
(b) Address City Health Dept

19. (a) MAR 24 1943 (Date received local registrar) (b) J. F. Prudeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 24
year 43 hour 2 minute 30 p.M.

21. I hereby certify that I attended the deceased from 2 - 10, 1943 to 2 - 24, 1943
that I last saw her alive on 2 - 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia, Lt. | Duration

Due to Unknown

Due to Unknown

108

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

23. Signature E. S. Dickson, C (M. D. or other)

Address 2601 N. Whittier St. Date signed

(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.....

....., 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.