

RECEIVED JAN 12 1944

818

1003

Registration District No.

Primary Registration District No.

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 2 days
(Specify whether
In this community..... Life
years, months or days)

3. (a) PRINT FULL NAME..... Carrie Blackwell

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

4. Sex..... F 5. Color or race..... 3 Negro 6. (a) Single, widowed, married, divorced..... married
6. (b) Name of husband or wife..... unk 6. (c) Age of husband or wife if alive..... 30 years
7. Birth date of deceased..... Sept 3-1917
(Month) (Day) (Year)

8. AGE: Years..... 26 Months..... 3 Days..... 26 If less than one day hr. min.

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

10. Usual occupation..... Domestic

11. Industry or business.....

MOTHER FATHER { 12. Name..... Unknown
13. Birthplace..... Mo
(City, town, or county) (State or foreign country)
14. Maiden name..... unk
15. Birthplace..... Mo
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mumme Bradshaw

(b) Address..... 509 E Po 23 St

17. (a) Burial (b) Date thereof..... 1-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Greenwood

18. (a) Signature of funeral director..... J. J. Brule

(b) Address..... 364 E 1st St

19. (a) DEC 31 1943 (b) J. J. Brule
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 12
(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No..... 509 a So. 23rd
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... December day..... 29,
year..... 1943 hour..... 5 minute..... 45 P. M.

21. I hereby certify that I attended the deceased from..... December
27, 1943 to..... December 29, 1943
that I last saw him..... or alive on..... December 29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Lobar Pneumonia Duration..... 10 days

Due to..... 100

Due to.....

Other conditions..... Pregnancy 28 wks.
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... S. E. Smith (M. D. or other)
Address..... 2601 W. 1st St Date signed..... 12/30/43

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

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address. *2644 Finney*

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.