

S. No. 2  
M-5-43  
7. 5-17-39  
I X3667

FILED MAY 2 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3826

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:  
Mo. Baptist Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5-weeks  
(Specify whether years, months or days)

In this community 25 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 9 19

(d) Street No. 3863 W. Pine Blvd.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Carye Emma Hamlett

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife Gardie Hamlett 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased July 9th., 1889  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd., year 1944 hour 2 minute 15 p.m.

21. I hereby certify that I attended the deceased from 4-1-44, 19 to 4-23-44, 19 that I last saw him alive on 4-23-44, 19 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

54 9 14 hr. min.

Immediate cause of death Normal to Anurins Duration \_\_\_\_\_

Due to Cause unknown

Due to \_\_\_\_\_

Other conditions Cholerae Refructu  
(Include pregnancy within 3 months of death) Gonorrhoea

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace Blytheville Ark.  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk, St.L. Typographical Union

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Jefferson Crowder.

{ 13. Birthplace Blytheville, Ark.  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mae Young.

{ 15. Birthplace Blytheville, Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Wm. H. Hamlett

(b) Address 3863 W. Pine Blvd.

17. (a) Removal (b) Date thereof 4-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blytheville, Ark.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) APR 25 1944 (b) J. P. Budek  
(Date received local registrar) (Registrar's signature)

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 4/24/44

23. Signature R. W. Andrews (M.D. or other) \_\_\_\_\_

Address 4932 May Lane Date signed \_\_\_\_\_

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

844

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

PROFESSIONAL

CERTIFICATE

FOR THE PROFESSION OF EMBALMER

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 Staley Marshall

..... Licensed Embalmer No. 2868

..... P. O. Address. 3840 Lindell

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.