

FILED MAY 25 1944  
Registration District No. 3778

Primary Registration District No. 1003

Registrar's No. 4615

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: 5000 S. Broadway  
Carrie E. Gietner Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs.  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5000 S. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th,  
year 1944. hour 7:35 minute A. M.  
21. I hereby certify that I attended the deceased from July 8  
1944 to May 18 1944  
that I last saw her alive on May 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral hemorrhage  
Due to arteries sclerosis  
& cardiac hypertrophy  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

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) Means of injury \_\_\_\_\_  
23. Signature L. C. Herbers (M. D., or other)  
Address 5000 S. Broadway Date signed 5/18/44

3. (a) PRINT FULL NAME CLARATE. CORLETT.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 1 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 17  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

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

12. Name John William Mitchell

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

14. Maiden name Anna Maria Garrard

15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie E. Gietner Home

(b) Address 5000 S. Broadway

17. (a) Cremation (b) Date thereof 5/9/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address #7233 Delmar Bly'd.

19. (a) MAY 18 1944 (b) J. J. Medeck  
(Date received local registrar) (Registrar's signature)

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

5006 So. Broadway  
L.A. - 8125  
Hrs. 1:30 to 4:30 P.M.

**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address University City

**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.**