

FILED FEB 16 1945
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Registration District No. _____

Primary Registration District No. 1005

Registrar's No. 1079

1. PLACE OF DEATH:

(a) County St Louis

(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:
3429 rear Franklin Ave. 1
(If not in hospital or institution, write street number or location)

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

In this community 4 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000
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(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3429 rear Franklin Ave. 21
(If rural, give location)

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

3. (a) PRINT FULL NAME Carrie Walker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race Col.

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

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

7. Birth date of deceased March 10 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace Forkland Ala. 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Domestic

MOTHER FATHER {

12. Name George Perse

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

14. Maiden name Unknown

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

16. (a) Informant Georgia Lee Johnson

(b) Address 3429 rear Franklin Ave.

17. (a) Burial (b) Date thereof 2-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cen

18. (a) Signature of funeral director Ellis Fun. Home.

(b) Address 2820 Stoddard St

19. (a) FEB 3 1945 (b) J. F. Brudeak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31
year 45 hour 5 minute _____ P.M.

21. I hereby certify that I attended the deceased from 12-15-1944 to 1-31-1945
that I last saw her alive on 1-29-1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Interstitial nephritis
High blood pressure.

Due to _____

Due to _____

Other conditions none
(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? _____

23. Signature J. F. Brudeak (M. D. of the State) _____
Address 2820 Stoddard St Date signed 2/3/45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Hulton & Culkin

Licensed Embalmer No. *4198*

P. O. Address *1215 James St. Denver*

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.