

**FILED MAY 21 1945**

Registration District No. **318** Primary Registration District No. **1003**

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

**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:..... **St. Louis City Hospital #**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... **27 days**  
(Specify whether

In this community.....  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State..... **Mo** (b) County..... **090**  
 (c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1741 1/2 N 13th St.** **25**  
(If rural, give location)  
 (e) Citizen of foreign country?..... **No** (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME**..... **Carrie Chism**

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

4. Sex..... **female** 5. Color..... **White** 6. (a) Single, widowed, married, divorced..... **widowed**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... **21** years

7. Birth date of deceased..... **Jan 21 1892**  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **11th**  
 year **1945** hour **5:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **4/16/45** to **5/11/45**  
 that I last saw her alive on **5/11/45** and that death occurred on the date and hour stated above.

8. AGE: Years **53** Months **3** Days **18** If less than one day hr. min.

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

10. Usual occupation..... **House wife**

11. Industry or business.....

12. Name..... **John Jones**

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

14. Maiden name.....

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

Immediate cause of death..... **uronia**

Due to..... **Chronic Pyonephrosis non calculous**

Due to..... **Esophageal stricture**

Other conditions..... **Esophageal stricture**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations..... **Esophageal stricture**  
 Of autopsy.....

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**MOTHER FATHER**

16. (a) Informant..... **Arthur Chism**  
 (b) Address..... **1741 1/2 N 13th St.**

17. (a) **Burial** (b) Date thereof..... **May 14-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park**

18. (a) Signature of funeral director..... **Ben Muller**  
 (b) Address..... **5641 Alhambra**

19. (a) **MAY 12 1945** **J. F. Bredeh**  
(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?  
(Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature..... **J. F. Bredeh** (M. D. or other).....  
 Address..... **1515 Lafayette** Date signed..... **5/11/45**

**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..... *Rex E Campbell* .....

Licensed Embalmer No. *3881* .....

P. O. Address..... *St James Min* .....

**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.**