V. S. No. 2
100M—5-43
Rev. 5-17-39
No. I X3667L

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32056

FILED NOV 10 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9376

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

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17
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1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(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 4 days (Specify whether years, months or days)

In this community 17 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 21 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2226 a Biddle 9
(If rural, give location) 1

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CARRIE KING

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widow 3

6. (b) Name of husband or wife Deceased

(c) Age of husband or wife if alive Deceased years

7. Birth date of deceased Jan. (Month) 31. (Day) 1902 (Year)

8. AGE: Years 43 ~~12~~ Months 8 Days 25 If less than one day hr. min.

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

10. Usual occupation Domestic Work.

11. Industry or business

FATHER
12. Name Robert Jackson
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Maggie Randall
15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Thelma Tempest
(b) Address 2226 a Biddle St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director C. J. Nesk
(b) Address ~~[illegible]~~ St 3847 Page

19. (a) OCT 30 1945 (Date received by local registrar) (b) J. F. Bracelen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26 year 1945 hour 8 minute 45 A M.

21. I hereby certify that I attended the deceased from Oct. 23, 1945 to Odt. 26, 1945; that I last saw her alive on Oct. 26, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. J. Emerson (M. D. or other)

Address 7600 N Whitewell Date signed 10/29/45

(Licensed Embalmer's Statement on Reverse Side)

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 C. J. Nosh

Licensed Embalmer No. 2432

P. O. Address 111 N. 13th St.

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.