No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15218

FILED APR 25 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3999

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2620 Howard
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carrie Irvin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Cd

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

6. (b) Name of husband or wife Hiram Irvin

6. (c) Age of husband or wife if alive about 50 years

7. Birth date of deceased Oct (Month) 9 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
46	6	12	hr. min.

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

10. Usual occupation nil

11. Industry or business

FATHER
12. Name Will Lindsy
13. Birthplace Hannable (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Dora ~~Lindsy~~ Boyd
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant Henry Irvin
(b) Address 2620 Howard St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J D Richardson
(b) Address 2625 Glasgow

19. (a) APR 17 1947 (Date received local registrar) (b) J F Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1947 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 4-11, 1947 to 4-14, 1947
that I last saw her alive on April 14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic Heart Disease	Undet.
Due to	
Due to	
Other conditions Pulmonary Edema (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes	

PHYSICIAN

Underline the cause of 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 Edw B Williams (M. D. ~~or other~~)

Address 2601 N Whittier Date signed 4/16/47

Jefferson City Printing Co.

(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 A.D. Richardson

Licensed Embalmer No. ~~City~~ 2928

P. O. Address 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.