S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

42905

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11220

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 35 hours (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. 2846 Franklin
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hattie Carmicheal

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. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 15 (Day) 1886 (Year)

8. AGE: Years 61 Months 7 Days 22 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name unknown Works
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Rose unknown
15. Birthplace Altime (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Joe Willie Irby
(b) Address 2846 a Franklin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) DEC 11 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1947 hour 10 minute 15 P M.

21. I hereby certify that I attended the deceased from Dec. 6, 1947, to Dec. 7, 1947; that I last saw her alive on Dec. 7, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Prob. Cerebral Hemorrhage — Duration: Undet.

Due to

Due to

Other conditions Degenerative Heart Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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 Oscar L Daniels (M. D. or other)

Address 2601 N Whittier Date signed 12/8/47

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 Fulton E Culkin

Licensed Embalmer No. 498

P. O. Address St Louis 13 Mo.

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.