V. S. No. 2
30M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10038

Primary Registration District No. 1003

Registrar's No. 3256

1. PLACE OF DEATH:

(a) County: S T. LOUIS, MO

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MO. PAC. HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: IMO. In this community: 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO. (b) County:

(c) City or town: S T. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No.: 5290 WATERMAN (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: JAMES GILMORE CARLISLE

3. (b) If veteran, name war:

3. (c) Social Security No.: none

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ROSA DOUGLAS CARLISLE

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: JAN (Month) 19 (Day) 1873 (Year)

8. AGE: Years 75 Months 2 Days 16 If less than one day hr. min.

9. Birthplace: ITTIVINTON GA. (City, town, or county) GA. (State or foreign country)

10. Usual occupation: Director of Industriol Devlp

11. Industry or business: MO. PAC. RY.

12. Name: WM. C. D. CARLISLE

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

14. Maiden name: NANCY GILMORE

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

16. (a) Informant: J. DOUGLAS CARLISLE

(b) Address: MACON GA.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 4 (Month) 5 (Day) 48 (Year)

(c) Place: burial or cremation: ~~Burial~~ Macon Georgia

18. (a) Signature of funeral director: Alexander & Jones

(b) Address: 6175 Delmar Blvd.

19. (a) APR 5 1948 (Date received local register) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1948 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from MAR 5, 1948 to April 3, 1948 that I last saw him alive on APRIL 3, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	10 days
Due to: CEREBRAL Arteriosclerosis	Years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? While at work? (Specify type of place) (e) Means of injury:

23. Signature: H. B. Harrison (M. D. ~~or other~~)

Address: 1755 So Broad Date signed: 4-4

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

U.S. Stat. 8-9-1946

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 615 Delmar

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
City of St. Louis } ss.
County of

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of August, 1948, before me appears ~~Dr. Elmer Wood~~ H. J. Mohler, who, upon his oath, states that the original record of ~~birth~~ death for James Gilmore Carlisle, ~~born~~ died April 3, 1948, in the State of Missouri, and which was filed at St. Louis on ....., 19....., should be corrected as follows:

Item No. 20 should read April 3, 1948

Instead of April 5, 1948

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant H J Mohler

~~Relationship~~ Supt

Missouri Pacific Hospital, St. Louis.
Present Address.

Subscribed and sworn to before me this 6th day of August, 1948.

My Commission expires Apr. 25-1954 Erwin L. Ocker Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

AUG 7

Form V. S. 135
10M-5-43
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S-10038