

S. No. 30  
M-10-47  
v. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

10818

FILED MAR 25 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2690**

WRITE PLAINLY—USE 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 18 days  
(Specify whether years, months or days)  
 In this community 20yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4157 Fairfax  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Jessie West

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14  
 year 1948 hour 7 minute 55 a.m.

21. I hereby certify that I attended the deceased from Feb. 25, 1948 Mar. 14, 1948  
 that I last saw him er alive on March 14, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension  
 Duration Undet.

4. Sex Female 5. Color or race egl  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased Jan 19th 1907  
(Month) (Day) (Year)

8. AGE: Years 41 Months 1 Days 25  
 If less than one day hr. min.

9. Birthplace Memphis Tenn  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jack Carithers  
 { 13. Birthplace Lebanon Tenn  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Gliza Carley  
 { 15. Birthplace Vicksburg Miss  
(City, town, or county) (State or foreign country)

16. (a) Informant John West

(b) Address 4157 Fairfax ave

17. (a) burial (b) Date thereof 3-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Brks National

18. (a) Signature of funeral director J. J. Randall & Son

(b) Address 3133 Bell ave

19. (a) MAR 18 1948 (b) J. F. Bredeco  
(Date received local registrar) (Registrar's signature)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Uremia  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy No

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 0

23. Signature Oslo J. Daniels (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier St Date signed 3/15/48

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**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.....

*S. J. Hatton*

.....  
Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

**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.**