

S. No. 300
M-10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

17456
State File No. 4671
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3825 Finney 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mildred Carter
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16
year 1948 hour 6 minute 35 am.
21. I hereby certify that I attended the deceased from
May 13, 1948 to May 16, 1948
that I last saw her alive on May 16, 1948
and that death occurred on the date and hour stated above.

4. Sex F 3 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 JAN 21 1900
(Month) (Day) (Year)

Immediate cause of death Sub Arachnoid Hemorrhage Duration Undet
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years 48 Months 3 Days 25
If less than one day _____ hr. _____ min.

Major findings:
Of operations _____
Of autopsy No
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation HOUSE WORK
11. Industry or business _____
12. Name MARK GREEN
13. Birthplace TENN
(City, town, or county) (State or foreign country)
14. Maiden name JEMMEY FREEMAN
15. Birthplace TEEM
(City, town, or county) (State or foreign country)

16. (a) Informant ARTRIE CARTER
(b) Address 4220 W. COOK
17. (a) BURIAL (b) Date thereof 5-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or crematory Washington Park
18. (a) Signature of funeral director F. A. GREEN
(b) Address 4214 DELMAR
19. (a) MAY 20 1948 (b) J. J. Beckwith
(Date received local registrar) (Registrar's signature)

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) (Specify means of injury)
23. Signature Oscar P. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 5/18/48

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.....

Dwight H. Swan, Registered-Apprentice No. *101*
working under my personal supervision.

Signed *G. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 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.