

No. 300
A-10-47
5-17-39
I 3906

State File No.

FILED OCT 30 1948
318

Registrar's No. 9050

Registration District No. 318

Primary Registration District No. 1003

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether)

In this community
years, months or days)

3. (a) PRINT FULL NAME Nettie McLarty

3.-(b) If veteran, 11 name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Col 1

6. (a) Single, widowed, married, divorced divorced 2

6. (b) Name of husband or wife.

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

7. Birth date of deceased. 10 1 1910
(Month) (Day) (Year)

8. AGE: Years Months Day If less than one day

38 0 14 hr. min.

9. Birthplace Orcutt ark
(City, town, or county) (State or foreign country)

10. Usual occupation office bill mitchell cub

11. Industry or business

12. Name Carl Floyd Davis /

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

14. Maiden name Alepath Davis

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

16. (a) Informant Beta Patten

(b) Address 4243 N Market

17. (a) Washburn Park (b) Date thereof. 10 21 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Benjamin L. Terrey

(b) Address 3127 Lucas ave

19. (a) OCT 19 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 200

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4243 W North Market 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15
year 1948 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept. 27, 19 48 to Oct. 15, 19 48
that I last saw her alive on Oct. 15, 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis and
Diabetes Mellitus

Duration Undet

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

Means of injury D

23. Signature Dr. Carl F. Davis (M. D. or other) D
Address 2601 N Whittier Date signed 10/18/48

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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..... *Clark Young*
Licensed Embalmer No..... *3371*
P. O. Address..... *St. Louis*

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.