

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21784
State File No. 3802

FILED JUL 15 1949

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 100

Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 0-00			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17			
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital				d. STREET ADDRESS (If rural, give location) 4235 W. Cote Brillante 1			
3. NAME OF DECEASED (Type or Print) a. (First) Carrie		b. (Middle)		c. (Last) Todd		4. DATE OF DEATH (Month) (Day) (Year) 7/1/49	
5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widow		8. DATE OF BIRTH 10/5/1868	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Memphis, Tennessee /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Mitchell		13b. MOTHER'S MAIDEN NAME Agnes Anderson		14. NAME OF HUSBAND OR WIFE Geo. C. Todd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Todd, 4235 W. Cote Brillante			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				MEDICAL CERTIFICATION	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH 9/27x9	
		DUE TO (b)					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 820			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 321X			
22. I hereby certify that I attended the deceased from 6-22-1949, to 7-1-1949, that I last saw the deceased alive on 7-1-1949, and that death occurred at 8:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE G. A. ... M.D.				23b. ADDRESS 3200 Lucas Avenue		23c. DATE SIGNED 7/5/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/6/49		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUL 6 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Gates, 4107 Finney Avenue			

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

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

Paul V. Freeman

Student Embalmer No. *276*

working under my personal supervision.

Student *Paul V. Freeman*
Student Embalmer

Signed *John P. Cunningham*

Licensed Embalmer No. *4476*

P. O. Address *4107 Finney Avenue*

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.