

FILED NOV 25 1949

STANDARD CERTIFICATE OF DEATH

385743

State File No. ....

BIRTH NO. 67215-49 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9887

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer H. Phillips</u>		d. STREET ADDRESS (If rural, give location) <u>1421 Sarsfield Place</u>	
3. NAME OF DECEASED (Type or Print) <u>Robert Carrawell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 14 49</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>9-18-49</u>
9. AGE (In years last birthday) <u>2</u>		10. MONTHS <u>2</u>	11. DAYS <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>nil</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Carrawell</u>	
13b. MOTHER'S MAIDEN NAME <u>Beatrice McCoy</u>		14. NAME OF HUSBAND OR WIFE <u>nil</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Carrawell</u>		ADDRESS <u>1421 Sarsfield</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Broncho Pneumonia</u>	
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) <u>109</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>491X</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:28</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Gabriel E. Taylor</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>11-16-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>NOV 16 1949</u> <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dement &amp; Son 2629-31 Cole St.</u>	

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

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.