

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2280  
644

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ZHomer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>18437 Biddle</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Carrie</b> b. (Middle) c. (Last) <b>Blevins</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 20 50</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>	8. DATE OF BIRTH <b>11-29-1903</b>
9. AGE (In years last birthday) <b>46</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	11. BIRTHPLACE (State or foreign country) <b>Yazoo City Miss</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>John Love</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Beatrice Blevins</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>	
16. SOCIAL SECURITY NO. <b>325-26-244</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Viola Mc Intyre</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Undetermined</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis</b>	
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?			
22. I hereby certify that I attended the deceased from <b>1-6-</b> 19 <b>50</b> , to <b>1-20</b> 19 <b>50</b> , that I last saw the deceased alive on <b>1-20</b> 19 <b>50</b> , and that death occurred at <b>5:20a</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>James J. Hedrick</b>		23b. ADDRESS <b>2601 N Whittier St.</b>	
23c. DATE SIGNED <b>1-21-50</b>		24. NAME OF CEMETERY OR CREMATORY <b>National Cem.</b>	
24a. LOCATION (City, town, or county) (State) <b>T Jefferson Barnes</b>		24b. DATE <b>1-23-50</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>JAN 21 1950</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. L. Howell</b>	
REGISTRAR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>2912 Thorne</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Form 8 4050

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 Charles P. Howell

Licensed Embalmer No. 2452

P. O. Address 2812 Thomas

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.