

STANDARD CERTIFICATE OF DEATH

State File No. 24634
Registrar's No. 6405

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		State File No. <u>24634</u>		Registrar's No. <u>6405</u>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)						
a. COUNTY <u>Missouri</u>					a. STATE <u>Missouri</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>			c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, 27, 19</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>					d. STREET ADDRESS (If rural, give location) <u>2221^{1/2} Franklin</u>						
3. NAME OF DECEASED (Type or Print) <u>Carrie</u>			a. (First)		b. (Middle) <u>Carter</u>		c. (Last)				
4. DATE OF DEATH		(Month) (Day) (Year)		<u>7</u>		<u>23</u>		<u>1950</u>			
5. SEX <u>Fem.</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 20, 1891</u>		9. AGE (In years last birthday) <u>58</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ml.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S. of A.</u>				
13a. FATHER'S NAME <u>James Long</u>			13b. MOTHER'S MAIDEN NAME <u>Della Cunk</u>			14. NAME OF HUSBAND OR WIFE					
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Mathews</u>						ADDRESS <u>2221^{1/2} Franklin</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum with regional</u>					Metastasis to Uterus					Undet.	
ANTECEDENT CAUSES					DUE TO (b) <u>Undetermined</u>						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS					Transverse Colostomy; abdominal						
Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>perineal resection.</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
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 <u>1574X</u>							
22. I hereby certify that I attended the deceased from <u>6-16</u> , 19 <u>50</u> , to <u>7-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-23</u> , 19 <u>50</u> , and that death occurred at <u>8:15p</u> m., from the causes and on the date stated above.											
22a. SIGNATURE <u>M. S. Lawrence</u>				(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>7-24-50</u>			
24a. BURIAL / CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/7/27/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker T. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Centerville, St. Clair, Ill</u>					
DATE REC'D BY LOCAL REG. <u>JUL 26 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. C. Green</u>					ADDRESS <u>3517 Laclede</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Melvin E. Green

Licensed Embalmer No. *4428*

P. O. Address *St. Louis, Mo.*

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.