

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2402
136

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 Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3701 ^a Pennsylvania Av				d. STREET ADDRESS (If rural, give location) 3701 ^a Pennsylvania					
3. NAME OF DECEASED (Type or Print) MARY			a. (First) A		c. (Last) CARLSON		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 5, 1951		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Nov. 30-1865		9. AGE (In years last birthday) 85	
10a. 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) Tennessee		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Pony McBride			13b. MOTHER'S MAIDEN NAME Redden		14. NAME OF HUSBAND OR WIFE Frank W.				
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 Frieda Martin 3701 ^a Pennsylvania				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic endocarditis years DUE TO (c) Rheumatic fever II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
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)					
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 401.1					
22. I hereby certify that I attended the deceased from May 1940 to Jan 15, 1951, that I last saw the deceased alive on Jan 5, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.									
23a. SIGNATURE W. L. Johnson M.D.				23b. ADDRESS 6400 Morganfield		23c. DATE SIGNED 1-5-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-8-51		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis County Mo			
DATE REC'D BY LOCAL REG. JAN 8 1951		REGISTRAR'S SIGNATURE J. B. Foster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin's 2301 LaFayette Ave				

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. D. I. Johnson
6400 Morganford Rd
Hu. 4816

981

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.....

.....
working under my personal supervision:

Student Embalmer No.....

Signed.....

N. Y. Farris

Signed.....
Student Embalmer

Licensed Embalmer No. *3384*

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.