

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5250  
Registrar's No.

FILED JUN 15 1951

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN) <b>St. Louis</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township OR TOWN) <b>St. Louis</b>	<b>2189</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hosp.</b>		18 STREET ADDRESS <b>3990a Papin Street</b>	(If rural, give location) <b>11 0</b>

3. NAME OF DECEASED (Type or Print) a. (First) <b>Georgia</b> b. (Middle) c. (Last) <b>Carlyle</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6/6/51</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>8/11/1878</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months IF UNDER 24 HRS. Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Shelby Co. Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John McLeMore</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>William Carlyle</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William Carlyle, 3990a Papin St.</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, asphyxia, 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) <b>Tx of Left Hip; Arterio sclerosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>result of a fall in her home at 3990a Papin St</b> DUE TO (c) <b>an ar about Jan 27 1951</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Accident</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>000</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>	
21d. TIME OF INJURY <b>Jan 27 51</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>6903 R</b>	

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 **3:51 P. m.**, from the causes and on the date stated above. **21**

23a. SIGNATURE <b>Patrick E. Taylor</b>	(Degree or title) <b>Ceremon</b>	23b. ADDRESS <b>1300 Clark Avenue</b>	23c. DATE SIGNED <b>6.8.51</b>
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-12-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St Petera Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Mo, mo</b>

DATE REC'D BY LOCAL REG. <b>JUN 8 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Chas. J. Gates, 4107 Finney Avenue</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

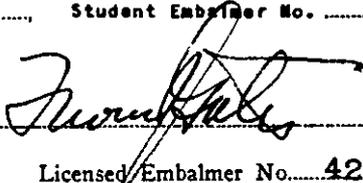
**STATEMENT BY LICENSED EMBALMER**

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  .....

Licensed Embalmer No. 4259 .....

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.