

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21832**  
Registrar's No. **5688**

FILED JUL 2 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>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) <b>9 yrs</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer H. Phillips</b>                              |  | d. STREET ADDRESS (If rural, give location) <b>25 1327<sup>th</sup> Gay St.</b>  |  |

|   |                           |           |  |
|---|---------------------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <b>Mrs. Bennie</b> | b. (Middle) <b>Carson</b> | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <b>6 14 52</b> |
|---|---------------------------|-----------|--|

|                 |                             |   |                                   |   |                        |                      |                       |                      |
|-----------------|-----------------------------|---|-----------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <b>2</b> | 6. COLOR OR RACE <b>Col</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>3-12-1912</b> | 9. AGE (In years last birthday) <b>40</b> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HRS. Hours | IF UNDER 1 HRS. Min. |
|-----------------|-----------------------------|---|-----------------------------------|---|------------------------|----------------------|-----------------------|----------------------|

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elevator Op</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <b>Canton Miss</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b> |
|--|-----------------------------------|---|---|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <b>Phelich Carson</b> | 13b. MOTHER'S MAIDEN NAME <b>Dellora Blackman</b> | 14. NAME OF HUSBAND OR WIFE <b>Mary Carson</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>427-07-0620</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mary Carson</b> | ADDRESS <b>1327<sup>th</sup> Gay St.</b> |
|--|--|--|--|

|  |   |   |                                  |
|--|---|---|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Lobar Pneumonia, 2<sup>o</sup> and 3<sup>o</sup> lobe of</b>  |   | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES <b>60% of body suffered when decedent was airborne following collision</b><br><b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (c) riding in, operated by James Carter (col) and car operated by one Johnella Williams (col) at</b> |   |                                  |
| II. OTHER SIGNIFICANT CONDITIONS <b>introduction of Kewing auto</b>  |   | AUTOSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>Oliver Str., about 6:50 am Sept 18 1952</b> | 20. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Louis Mo</b> |
|------------------------|---|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT (Specify) <b>Accident</b>                                | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Street</b>       | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Louis Mo</b> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Apr 18 52, 6:30</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>E8161</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 **12:18 p.m.**, from the causes and on the date stated above. **26**

|                                    |                                |                                 |
|------------------------------------|--------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Regina Jones</b> | 23b. ADDRESS <b>1300 Clark</b> | 23c. DATE SIGNED <b>6/16/52</b> |
|------------------------------------|--------------------------------|---------------------------------|

|   |                          |   |  |
|---|--------------------------|---|--|
| 24a. BURIAL (CREMATION) (Specify) <b>Canton</b> | 24b. DATE <b>6-20-52</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Canton Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Canton Miss</b> |
|---|--------------------------|---|--|

|  |   |                                |
|--|---|--------------------------------|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JUN 19 1952</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>W. G. Gushove</b> | ADDRESS <b>2930 Diskson St</b> |
|--|---|--------------------------------|

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 Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldene

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.