

REC'D DEC 2 1952

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Registrar's No. 10595

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		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) St. Louis				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2209				
d. FULL NAME OF HOSPITAL OR INSTITUTION 2705 Madison St.				d. STREET ADDRESS 2705 Madison St.		e. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle)		c. (Last) Catlin		4. DATE OF DEATH (Month) (Day) (Year) 11-13-52		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4-28-1907		9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 7	IF UNDER 24 HRS. Hours 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road Porter		10b. KIND OF BUSINESS OR INDUSTRY South Western		11. BIRTHPLACE (State or foreign country) Alabama, Green Port		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Oscar Catlin			13b. MOTHER'S MAIDEN NAME Minnie Little			14. NAME OF HUSBAND OR WIFE Elnora Catlin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 702-09-6761		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elnora Catlin		ADDRESS 2735 Madison St.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Essential Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Influenza						INTERVAL BETWEEN ONSET AND DEATH 9 mo.		
19a. DATE OF OPERATION Apr. 23-30		19b. MAJOR FINDINGS OF OPERATION Left ing. hernia - sub acute appendicitis.						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)		21f. HOW DID INJURY OCCUR? 444X				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>								
22. I hereby certify that I attended the deceased from 2-22-1952 to 11/13/1952 , that I last saw the deceased alive on 11/11/1952 , and that death occurred at 10:00 p.m. , from the causes and on the date stated above.										
23a. SIGNATURE Walter Carter, M.D.				23b. ADDRESS 7605 Franklin St. L.M.O.				23c. DATE SIGNED 11/17/52		
24a. BURIAL, CREMATION, REMOVAL removal		24b. DATE 11-19-52		24c. NAME OF CEMETERY OR CREMATORY Bessemer, Alabama		24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. NOV 18 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc. 2820 Stoddard					

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 Fulton E. Calkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13

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.