

FILED FEB 11 1953

STANDARD CERTIFICATE OF DEATH

2531
State File No. 0936
Registrar's No. 0936

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		d. STREET ADDRESS (If rural, give location) 21 1910 Biddle St.,	

3. NAME OF DECEASED (Type or Print) a. (First) Agnes	b. (Middle)	c. (Last) Carr	4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1953
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5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Apr. 12, 1877	9. AGE (In years last birthday) 75	10. UNDER 1 YEAR Months	11. UNDER 2 WRS. Hours	12. UNDER 2 WRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Oxford, Mississippi /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Thompson	13b. MOTHER'S MAIDEN NAME Sarah Webb	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Katie Harris	ADDRESS 1910 Biddle St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs Unknown 3 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis (Coma)		
	ANTECEDENT CAUSES Arterio Sclerosis DUE TO (b)		
II. OTHER SIGNIFICANT CONDITIONS Bronchial Asthma Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 446x
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22. I hereby certify that I attended the deceased from Jan 18, 1953, to Jan 21, 1953, that I last saw the deceased alive on Jan 21, 1953, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE SE Moore MD	(Degree or title)	23b. ADDRESS 809 2 Jefferson	23c. DATE SIGNED 1-22-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1/28/53	24c. NAME OF CEMETERY OR CREMATORY Washington park	24d. LOCATION (City, town, or county) (State) St. Louis Co. MO
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DATE REC'D BY LOCAL REG. JAN 27 1958	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry	ADDRESS 4202 Finney Ave.,
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(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.