

FILED JUN 24 1954

STANDARD CERTIFICATE OF DEATH

State File No.

20711

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4969

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. 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 2217			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 21 709 N. Ewing			
3. NAME OF DECEASED (Type or Print) Carrie		a. (First)		b. (Middle)		c. (Last) James	
4. DATE OF DEATH (Month) (Day) (Year) 6 2 54		5. SEX F 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1/25/1899		9. AGE (In years last birthday) 55		10. MONTHS Days		11. HOURS Min.	
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 (City and State or Foreign Country) Vicksburg, Mississippi		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Richard Coleman		13b. MOTHER'S MAIDEN NAME Hattie Campbell		14. NAME OF HUSBAND OR WIFE Charlie James			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hattie King, 709 N. Ewing			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoma of the Uterus ANTECEDENT CAUSES Post-Operative Recurrence 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.				INTERVAL BETWEEN ONSET AND DEATH Undt.	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 174X			
22. I hereby certify that I attended the deceased from 5-11, 19 54, to 6-2, 19 54, that I last saw the deceased alive on 6-2, 19 54, and that death occurred at 11:40 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William Timms M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 6/2/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 7, 1954		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUN 4 1954		REGISTRAR'S SIGNATURE C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE E. Brown		ADDRESS 1221 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....
Signature of Student Embalmer

Signed *Malvin Blackburn*.....

Licensed Embalmer No. *2962*

P. O. Address *1221 N. Grant*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.