

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**31683**

State File No. ....

**8377**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location)		2219 2725 Lawton	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>					

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <b>Tillie</b>	b. (Middle)	c. (Last) <b>Carey</b>	(Month) <b>9-</b>	(Day) <b>9-</b>	(Year) <b>54</b>
<b>5. SEX</b> Female	<b>6. COLOR OR RACE</b> Negro	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> Never Married	<b>8. DATE OF BIRTH</b> 11-10-1910		<b>9. AGE</b> (In years last birthday) <b>43</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Maid		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) Tennessee	
<b>12. CITIZEN OF WHAT COUNTRY?</b> U.S.A.					

<b>13a. FATHER'S NAME</b> West Carey		<b>13b. MOTHER'S MAIDEN NAME</b> Betty Bennett		<b>14. NAME OF HUSBAND OR WIFE</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) NO		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> Mattie Bonds - 1925 Cora	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized Carcinomatosis</b>		Undt.
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> 1999	

**22. I hereby certify that I attended the deceased from 1-26<sup>th</sup>, 1954, to 9-9<sup>th</sup>, 1954, that I last saw the deceased alive on 9-9<sup>th</sup>, 1954, and that death occurred at 2:35 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>Wm. L. Smiley</i> M.D.		<b>23b. ADDRESS</b> 2601 N. Whittier St.		<b>23c. DATE SIGNED</b> 9-11-54	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> Removal		<b>24b. DATE</b> 9-13-54		<b>24c. NAME OF CEMETERY OR CREMATORY</b> National, Tennessee	
<b>24d. LOCATION</b> (City, town, or county) (State)		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS English Und. Co. - 1123 N. Taylor			

<b>DATE REC'D BY LOCAL REG.</b> SEP 13 1954		<b>REGISTRAR'S SIGNATURE</b> <i>J. Earl Smith, M.D.</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS English Und. Co. - 1123 N. Taylor	
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M.D. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

FILED SEP 21 1954

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 *Wallace R. Williams*

Licensed Embalmer No. *492*  
*4554 Lexington*  
P. O. Address *St. Louis*

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.