

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39288

State File No. _____
Registrar's No. 10208

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10208	
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 OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3931 Labadie				e. STREET ADDRESS (If rural, give location) 10 3931 Labadie 2107			
3. NAME OF DECEASED (Type or Print) Carey		a. (First)		b. (Middle)		c. (Last) Tarth	
4. DATE OF DEATH 11-8-54		(Month)		(Day)		(Year)	
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH June 20, 1891	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Laborer		11. BIRTHPLACE (City and State or Foreign Country) Livingston, Alabama		12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Livingston, Alabama		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Henry Tarth		13b. MOTHER'S MAIDEN NAME Rachel Barr		14. NAME OF HUSBAND OR WIFE Delia Tarth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or both) No		16. SOCIAL SECURITY NUMBER 499-28-7613A		17. INFORMANT'S SIGNATURE OR NAME Carey Tarth 3921 Labadie			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES (b) Subacute nephritis Morbidity 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. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH About 10 mos.	
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) _____		21f. HOW DID INJURY OCCUR? 332x	
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 MAY 16, 1954, to NOV 8, 1954, that I last saw the deceased alive on 11-8-1954, and that death occurred at 1 P. m., from the causes and on the date stated above.			
23a. SIGNATURE J. P. Key (Degree or title)		23b. ADDRESS 425 So. Compton		23c. DATE SIGNED 11-9-54			
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE Nov. 12, 1954		24c. NAME OF CEMETERY OR CREMATORY Tarth		24d. LOCATION (City, town, or county) Meridian Miss (State)	
DATE REC'D BY LOCAL REG. NOV 10 1954		REGISTRAR'S SIGNATURE Carl Smith mgs		25. FUNERAL DIRECTOR'S SIGNATURE C. B. Doonce 1221 N. Grand			

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.....
Signature of Student Embalmer

Signed..... *Guyton H. Swan*
Licensed Embalmer No. 458

P. O. Address 1321 v Sw

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.