

FILED NOV 19 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar: 10821

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips			Length of stay in lb		STREET ADDRESS 1223 Prairie		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Carrie				First		Middle		Last		4. DATE OF DEATH Month 11 Day 8 Year 57		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7-22-94		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Month 3 Days 20 Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY Nil		11. BIRTHPLACE (City and state or country) LA.		12. CITIZEN OF WHAT COUNTRY? U.S.A				
13. FATHER'S NAME UNKNOWN						14. MOTHER'S MAIDEN NAME UNKNOWN						
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. -		17. INFORMANT Andrew Evans 1223^c Prairie						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Body of the Uterus with extension Rectum and Urinary Bladder Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 172X										INTERVAL BETWEEN ONSET AND DEATH undet.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hemorrhage from Urinary Bladder and Colon - Large Bowel Obstruction										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____												
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from 10-6-57 to 11-8-57 and last saw her XXX alive on 11-8-57 Death occurred at 9:55 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE 20 Richard (Degree or title)				22b. ADDRESS M.D. 2601 Whittier Street				22c. DATE SIGNED 11-8-57				
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 11-14-57		23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.				23d. LOCATION (City, town, or county) (State) St Louis Co., MO.				
24. FUNERAL DIRECTOR A.F. WALTON 2707 STODDARD					25. DATE RECD. BY LOCAL REG. NOV 13 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.					

1001

818

St. Louis

St. Louis

1234 5678

Home G. 12345

27

11

Lovan

Carrie

Male

Female

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me; or by Student Embalmer No.

working under my personal supervision.

Student Signature of Student Embalmer

Signed *W. Claude Gordon*

Licensed Embalmer No. 348

P. O. Address 4575 Ald

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F

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.