MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

XC-2186073 SL 6882

-61-006373

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1615

FILED VS FEB 28 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N GRAND, ST LOUIS, MO.
Length of stay in 1b: 37 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETS. ADMIN. HOSPT.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST. LOUIS
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1167 WALTON
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First CLEVELAND Middle NMI Last CARSON
4. DATE OF DEATH: Month FEBRUARY Day 15 Year 1961
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 5/6/94
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PORTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): STATELINE, MISS.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: CALVIN CARSON
13b. MOTHER'S MAIDEN NAME: SAVANAH LEVERTT
14. NAME OF HUSBAND OR WIFE: HELEN CARSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
17. INFORMANT: HELEN CARSON (WIDOW) Address: SEE NO. 2 ABOVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	HEART FAILURE AND PNEUMONIA	1 WEEK
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	MYOCARDITIS & CONSTRICTIVE PERECORDITIS	1 WEEK
DUE TO (c)	PERECORDITIS WITH MEDIASTINITIS 443 X	1 WEEK

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): HYPERTENSIVE CARDIOVASCULAR DISEASE AND ARTERIOSCLEROTIC HEART DISEASE

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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/VA attended the deceased from 1/9/61, to 2/15/61 and last saw him alive on 2/15/61
Death occurred at 11:10 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: GEORGE R. MORRISON (Degree or title): M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 2/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-20-61
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR: G. Wade Granberry ADDRESS: 4202 Finney Ave.
25. DATE RECD. BY LOCAL REG.: FEB 17 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

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.