SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-042254

ENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10749 STATE FILE NUMBER

FILED NOV 28 1961

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis

c. CITY OR TOWN: Ferguson — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 217 Henquin Dr. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HOWARD Middle L. Last CARSON

4. DATE OF DEATH: Month NOVEMBER Day 18 Year 1961

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-8-03

9. AGE (last birthday): 58 Yrs. — 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): Auto Painter

10b. KIND OF BUSINESS OR INDUSTRY: Laclede Gas Co.

11. BIRTHPLACE (City and state or country): Metropolis, Ill.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Jefferson Lee Carson

13b. MOTHER'S MAIDEN NAME: Melessa Hert

14. NAME OF HUSBAND OR WIFE: Evelyn Carson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

17. INFORMANT: Evelyn Carson Address: Ferguson, Mo.

MEDICAL CERTIFICATION

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

IMMEDIATE CAUSE (a): Aneurysm of Right Anterior Cerebral Arteries of the Brain — INTERVAL BETWEEN ONSET AND DEATH: 17 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 452 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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

19. WAS AUTOPSY PERFORMED? YES ☒ 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 attended the deceased from SEPT. 15, 1959, to NOV. 18, 1961 and last saw her/him alive on NOV. 18, 1961
Death occurred at 4:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F.R. Bradley M.D. F.R.Bradley M. D.

22b. ADDRESS: Barnes Hospital

22c. DATE SIGNED: 11/19/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-21-61

23c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Gardens Cem.

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: White-Mullen 118 N. Florissant Rd Ferg.

25. DATE RECD. BY LOCAL REG.: NOV 20 1961

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

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 Reinhold K Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 M

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