

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38871
Do not use this space.

NOV 23 1937

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1170
(b) Township Jefferson Primary Registration District No. 6248-H Registered No. 221
(c) City Richmond Heights (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Georgia A. Carleton

(a) Residence, No. 5080 Vernon Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/14/37 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Carleton

22. I HEREBY CERTIFY, That I attended deceased from 10-6- 1937, to 10-14- 1937
I last saw her alive on 10-14- 1937. Death is said to have occurred on the date stated above, at 11.55 A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 82 6 13

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Myocardial Perforation with failure and coronary spasm Date of onset 3 weeks

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

Other contributory causes of importance:
ASD

FATHER 13. NAME John Fields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

MOTHER 15. MAIDEN NAME Anna Booth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Nell Carleton (ADDRESS) 5080 Vernon

18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville, Mo. 10/15/37

19. FUNERAL DIRECTOR Edith E. Gumbuster (ADDRESS) 4234 Manchester

20. FILED OCT 15 1937 Sam A. Bassett Local Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Arch Kramer, M. D.
(Address) 634 N. Grand

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck Licensed Embalmer No. 1284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed

Florenz Eynck

Licensed Embalmer No. 1284

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)