

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

REC'D MAY 10 1938

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

12918  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **1**  
(b) Township ..... Primary Registration District No. ....  
(c) City **St. Louis, Mo** (d) Street No. **2901 Franklin Ave** St. **21**  
(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.

Registered No. **3522**

2. PRINT FULL NAME

(a) Residence, No. **2901 Franklin** St. **21**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**  
(Write the word)

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

**Feb. 6, 1938**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**8**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **None**  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis, Mo.**

FATHER 13. NAME **Leaster Carr**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Paroloma, Ark.**

MOTHER 15. MAIDEN NAME **Milla Mae Watson**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **weldon Ark.**

17. INFORMANT **Leaster Carr**  
(ADDRESS) **2901 Franklin Ave**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Greenwood** DATE **April 15, 38**

19. FUNERAL DIRECTOR **A. L. Beal Und. Co**  
(ADDRESS) **2726 Lucas Ave.**

20. FILED **APR 15 1938**  
**J. D. Budick**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 14, 1938**

22. HEREBY CERTIFY, That I attended deceased from **April 6, 1938** to **April 13, 1938**

I last saw him alive on **April 13, 1938** Death is said to have occurred on the date stated above, at **3.9 a.m.**

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

**Bronch, Pneumonic 3 day Primary**  
Date of onset

Other contributory causes of importance: **107a**

Name of operation **Chemical** Date of .....  
What test confirmed diagnosis? ..... 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? .....  
If so, specify **None**  
(Signed) **K. Moore**, M. D.  
(Address) **1336 Franklin**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 X1200

STATEMENT BY LICENSED EMBALMER

I Birdie Beal Anderson....., Licensed Embalmer No. 2929

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

L. E.

No. .... or by Maxine M. Pendleton....., Registered Apprentice No. 125

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2929

**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.)**