No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1944 318 1003

State File No. 151

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 378

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 7 12
(If outside city or town limits, write "RURAL")

(d) Street No. 5058 Maple
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Mary E. Carnathan

3. (b) If veteran, name war _____

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 2 - 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	2	10	_____ hr. _____ min.

9. Birthplace Mississippi O
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

FATHER
12. Name Philips Bailey
13. Birthplace _____ Miss O
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Eads
15. Birthplace _____ Miss O
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Nehring

(b) Address 4245 Carter

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/13/44
(Month) (Day) (Year)

(c) Place: burial or cremation Montgomery Ala.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JAN 13 1944 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 12
year 1944 hour 12:17 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__;
that I last saw h_____ alive on _____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of neck of right femur; suffered when she fell to the floor in her room on November 7th 1943, about 1:00 PM

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident NO

(b) Date of occurrence Nov. 7 1943

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? _____ (e) Means of injury Fall

23. Signature Alfred Perry (M.D. or other)

Address Cherry Coonne Date signed 1/13/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Henry Eymck

Licensed Embalmer No.....1284

P. O. Address.....St Louis Mo

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

If this body is not embalmed, fact should be so stated above.