

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED FEB 24 1947 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1396

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

1. PLACE OF DEATH:

(a) County St Louis

(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:
Enroute to Homer Phillips Hos, 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 670

(c) City or town St Louis 11/7
(If outside city or town limits, write "RURAL") 9

(d) Street No. 3741 Evans Ave 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Curtis E. Carthern

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 3 5. Color or race Col, 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased: Nov. 30th, 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	2	6	hr. min.

9. Birthplace Oceola Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER

12. Name Jim Carthern

13. Birthplace Cherry Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha Cherry

15. Birthplace Cherry Tenn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Jones

(b) Address 107 N. Channing Ave.

17. (a) Burial (b) Date thereof 2-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)
Washington ark

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Ellis Fun, Home
2920 Stoddard St

(b) Address FEB 11 1947
19. (a) _____ (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 6
year 1947 hour 8 minute 01 P. M.

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

Immediate cause of death Shrapnel wound
Skull and bone fractured with
gun in the hands of one
Jacques Alexander Col. in the
home 3741 Evans Ave
Due to S.O.B. Feb. 6, 1947

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

Major findings: _____
Of operations _____
Of autopsy _____

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) Homicide
(b) Date of occurrence Feb 6 1947
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on lawn, in industrial place, in public place? Home

While at work? _____ (Specify type of place)
(e) Means of injury Car

23. Signature Thomas J. Callahan (M.D. or other) 3
Date signed 2-7-47

Emb. separate Cert filed

FEB 11 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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