S. No. 300
OM—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6161

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2380

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1338 Belt Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 1338 Belt Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mae E. Carder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Thomas A. Carder

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

7. Birth date of deceased Oct. 30th., 1886 (Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Holly Springs (City, town, or county) Miss. (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Frank Shaw
13. Birthplace Lawshill (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Betty Carver

(b) Address 1338 Belt Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation Holly Springs, Miss.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAR 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 8th., year 1948 hour 9 minute 55 ap M.

21. I hereby certify that I attended the deceased from 12-15-46, 19 to 3-8-48, 19; that I last saw her alive on March 8, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr nephritis	unk.
Due to: nephrosclerosis c uremia	1 yr
Due to:	
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)

(b) Date of occurrence

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

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

While at work? (e) Means of injury

23. Signature Wayne O. Sirk (M. D. or other)

Address 2738 No. Grand Date signed 3-9-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wayne Gorla 12-4
Lindell Trust Bldg.

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.