No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

17452

State File No. 4949

FILED JUN 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 713 N. Jefferson 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Barbara Jean Carrodine

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fem. 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife

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

7. Birth date of deceased 3 (Month) 23 (Day) 48 (Year)

8. AGE: Years | Months | Days 41 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Carrodine
13. Birthplace 713 N. Jefferson, St Louis, Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ernestine Carrodine nee
15. Birthplace Osceola, Ark. Williams 1 (City, town, or county) (State or foreign country)

16. (a) Informant Esther M. Sherard
(b) Address 2601 N. Whittier

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof MAY 31 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.

19. (a) MAY 31 1948 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 3
year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8:09 P.M. 3-23- 1948 to 5:10 P.M. 1948 that I last saw her alive on 5-3- 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

159

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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 6

23. Signature W. H. Sunkles (M. D. or other)

Address 2601 N. Whittier Date signed 5-5-48

Jefferson City Printing Co.

(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.....

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.