

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10857

2844

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 2811 a Dayton St					
d. FULL NAME OF HOSPITAL OR INSTITUTION 2811 a Dayton St				d. STREET ADDRESS (If rural, give location) 2811 a Dayton St							
3. NAME OF DECEASED (Type or Print) HEBY			a. (First)		b. (Middle)		c. (Last) WRENCHER				
4. DATE OF DEATH 3 -- 26 -- 1949		5. SEX Female		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 3 - 10 - 1892			
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 2 HRS. Hours		IF UNDER 2 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (State or foreign country) Scuba Miss;			12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Thomas Kimbrough			13b. MOTHER'S MAIDEN NAME Ida Bimbrough			14. NAME OF HUSBAND OR WIFE Widow					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Eva Moore						ADDRESS 2811a Dayton St	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis.						INTERVAL BETWEEN ONSET AND DEATH ?	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension							
				DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				gra							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214								20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from March 14, 1949 , to March 26, 1949 , that I last saw the deceased alive on March 26, 1949 , and that death occurred at 1:45 P. m. , from the causes and on the date stated above.											
23a. SIGNATURE P. Blair H. Carter				(Degree or title) M.D.		23b. ADDRESS 7475 Biddle			23c. DATE SIGNED 3/28/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-31-1949		24c. NAME OF CEMETERY OR CREMATORY			24d. LOCATION (City, town, or county) (State) Scuba, Mississippi.				
DATE REC'D BY LOCAL REG. MAR 29 1949		REGISTRAR'S SIGNATURE J B Foster				25. FUNERAL DIRECTOR'S SIGNATURE Ellis Fun, Home 2820 Stoddard St					

(Licensed Embalmer's Statement on Reverse Side)

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

Boss
Green

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address 13

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.