

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH14871
State File No. 3766
Registrar's No.

FILED APR 27 1951

| | | | | | | | | | |
|--|--|---|--|---|------------------------------|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST LOUIS MO | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MO. | | c. LENGTH OF STAY (in this place) 20 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS MO. | | 2219 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER PHILLIPS 2611 NWHITTIER | | | | 2/f STREET ADDRESS 3315 A FRANKLIN AVE | | (If rural, give location) 0 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) FRANKIE | | | b. (Middle) LEE CARR | | c. (Last) WASHINGTON. | | 4. DATE OF DEATH (Month) (Day) (Year) 4. 17 51. | | |
| 5. SEX FEMALE 3 | | 6. COLOR OR RACE COLORED | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1 | | 8. DATE OF BIRTH JULY 9, 1924 | | 9. AGE (In years last birthday) (Specify) 26 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE | | 11. BIRTHPLACE (State or foreign country) WILSON ARK. | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13a. FATHER'S NAME FRANK COBBLER | | | 13b. MOTHER'S MAIDEN NAME MAMER SMITH. | | | 14. NAME OF HUSBAND OR WIFE HEBERT CARR. | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO | | 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT'S SIGNATURE OR NAME FRANK COBBLER | | | | ADDRESS 3305 FRANKLIN AVE | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) External Hemorrhage; following stab wound of neck; suffered when cut with knife in hands of one Herbert Carr (Col.) in home at 3315-a rear Franklin Ave., about 5:20 P.M. April 17, 1951 | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HOMICIDE | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo. | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4/17/51 5:30 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? See Above | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:15 P.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <i>John G. Taylor</i> | | | | 23b. ADDRESS 1300 Oak Ave | | 23c. DATE SIGNED 4/19/51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE April 23 | | 24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY J. B. | | 24d. LOCATION (City, town, or county) (State) ST LOUIS MO. | | | |
| DATE REC'D BY LOCAL APR 22 1951 | | REGISTRAR'S SIGNATURE <i>J. B. Lanater</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE PORTER FUNERAL HOME. 3028 DICKSON ST | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

H. Claude Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.