

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15548

24167  
APR 23 1953

State File No. ....

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3811

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis 8120	
c. LENGTH OF STAY (in this place) 2 1/2 hrs.		d. STREET ADDRESS (If rural, give location) 704 Market 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary			

3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) c. (Last) Carr			4. DATE OF DEATH (Month) (Day) (Year) 4-8-53		
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Single 0	8. DATE OF BIRTH 4-8-53		9. AGE (In years last birthday) Months Days 0 0 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY infant	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marvin Carr		13b. MOTHER'S MAIDEN NAME Ollie Lee Edwards		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Marvin Carr 704 Market	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity			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) Mother's inability to bear child			
		DUE TO (c) Fibrosis of Uterus			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 774X	

22. I hereby certify that I attended the deceased from 4/8 1953, to 4/8 1953, that I last saw the deceased alive on 4/8 1953, and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. S. Woodward		23b. ADDRESS Edgar Woodward	23c. DATE SIGNED 4/10/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-11-53	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois

DATE REC'D BY LOCAL REG. APR 11 1953	REGISTRAR'S SIGNATURE C. J. Smith	25. FUNERAL DIRECTOR'S SIGNATURE C. J. Smith	ADDRESS 111 N. 13th
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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*C. J. Marsh*  
Licensed Embalmer No. *2432*

P. O. Address *3847 Pope*

**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.