

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4971

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2129</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>0</u>	c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>1208 N. Euclid</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Joseph</u>		c. (Last) <u>Caruthers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 2 54</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>2 Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Oct. 8, 1892</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>24</u>	IF UNDER 24 HOURS Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Jackson Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Divorced</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>486-18-5467</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Evelyn Washington</u> ADDRESS <u>3143 Brantner Pl</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiorenal Syndrome with Uremia</u> <u>Chronic Periurethral Fistulae</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u>
	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. <u>Rectal Prolapse</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>442X</u>	
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22. I hereby certify that I attended the deceased from 5-26, 1954, to 6-2, 1954, that I last saw the deceased alive on 6-2, 1954, and that death occurred at 1:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Earl Belle Smith M. D.</u>	23b. ADDRESS <u>2601 N. Whittier</u>	23c. DATE SIGNED <u>6-2-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/7/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakedale Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>JUN 4 1954</u>	REGISTRAR'S SIGNATURE <u>Earl Belle Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Smith 4019 Washington</u>		
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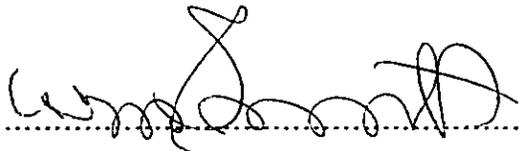
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 437

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.