

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2407**
Registrar's No. **1054**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY 1006 N. 14th St.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION. 1		e. STREET ADDRESS (If rural, give location) 257 1006 N. 14th Street	

3. NAME OF DECEASED (Type or Print) Andrew Carrawell		4. DATE OF DEATH (Month) (Day) (Year) 2 1 55	
5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug. 4, 1892	
9. AGE (In years last birthday) 62		10. KIND OF BUSINESS OR INDUSTRY unemployed	
11. BIRTHPLACE (City and State or Foreign Country) Waterproof, La.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Andrew Carrawell		13b. MOTHER'S MAIDEN NAME Eliza Goodman		14. NAME OF HUSBAND OR WIFE Annie Carrawell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Carrawell 1006 N. 14th 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Neurorrhage 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.		INTERVAL BETWEEN ONSET AND DEATH	
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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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	

22. I hereby certify that I attended the deceased from **1892**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:55** p.m., from the causes and on the date stated above.

23a. SIGNATURE James M. Kelly (Signature or title)		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2/3/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-7-55		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. FEB 4 1955		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dement & Son 2629-31 Cole Street	
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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.....
Signature of Student Embalmer

Signed *H. Claude Gordon*.....

Licensed Embalmer No. *348*.....

P. O. Address *4575*.....

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.