No. 300
10.48

FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2745

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 409

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 907 N-19 St
e. STREET ADDRESS (If rural, give location): 2110 907-N-19-St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN: St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

3. NAME OF DECEASED (Type or Print)
a. (First) MADELINE b. (Middle) EDNA c. (Last) CARMAN

4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 58

5. SEX Female 3

6. COLOR OR RACE Col.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 25 - 1905

9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Evansville Ind.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Abe F Davis

13b. MOTHER'S MAIDEN NAME Virginia Gray

14. NAME OF HUSBAND OR WIFE Tom Carman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Tom Carman — ADDRESS 907 N-19th

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) Necrotizing bilateral

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lobar Pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 490x

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

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 1:20 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) James M Kelly Cowker

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 1-13-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-15-1958

24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cem.

24d. LOCATION (City, town, or county) St Louis County (State) Mo

DATE REC'D BY LOCAL REG. JAN 13 '58

REGISTRAR'S SIGNATURE J Earl Smith MD MSB

25. FUNERAL DIRECTOR'S SIGNATURE A P Richards — ADDRESS 2625 Glasgow

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed A.D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.