MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-016659

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3799

FILED MAY 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	
2	12076
3	
4	2
5	2
6	
7	1
8	2
9	
10	
11	
12	82-0
13	

82

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Infirmary — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: St. Clair
c. CITY OR TOWN: E.St.Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1433 Trendley — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Andrew Middle: Thomas Last: Carrington

4. DATE OF DEATH: Month: April Day: 5 Year: 1962

5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-23-92
9. AGE (last birthday): 70 — IF UNDER 1 YEAR: Months 2 Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Swift & Co.
11. BIRTHPLACE (City and state or country): Toone, Tennessee
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas Jefferson Carrington
13b. MOTHER'S MAIDEN NAME: Mary Jane Anderson
14. NAME OF HUSBAND OR WIFE:

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: Edream Harding — Address: 1433 Trendley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hepatic Injury
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cancer of Stomach
DUE TO (c): 151X
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 3/4/62, to 4/5/62 and last saw ~~her~~ him alive on 4/5/62
Death occurred at 4/5/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edgar F Woodson M.D.
22b. ADDRESS: 15 16 Broadway
22c. DATE SIGNED: 4/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: April 12, 1962
23c. NAME OF CEMETERY OR CREMATORY: Sunset Garden
23d. LOCATION (City, town, or county) (State): Centerville, Illinois

24. FUNERAL DIRECTOR: NASH FUNERAL HOME — M. Frances Nash — ADDRESS: 111 N. 13 St. W.
25. DATE RECD. BY LOCAL REG.: APR 10 1962
26. REGISTRAR'S SIGNATURE: Earl Smith M.H.

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 M Dennis Nash

Licensed Embalmer No. 4434

P. O. Address 111 N. 13th St

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.