

MAY 7 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis, Mo. (No.)

Registration District No.....
Primary Registration District No.....
ST. MARY'S INFIRMARY

791
1003

File No.....
Registered No..... 4483
St. Ward.....

2. FULL NAME

Ethel Carter

(a) Residence, No. 3501 Laclede St., 21 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charles Owell13. NAME ??

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT St. Mary's Infirmary (ADDRESS) 94 Byhamwood

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Louis U DATE 4-26 193719. UNDERTAKER W Richter (ADDRESS) 3570 Rutger St20. FILED APR 30 1937 J. Bledsoe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 193722. I HEREBY CERTIFY, That I attended deceased from March 15 1936 to April 19 1937I last saw her alive on April 19 1937 Death is saidto have occurred on the date stated above, at 2:30P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Rectum

Date of onset

Other contributory causes of importance: None

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify.....

(Signed) A. G. Byhamwood, Jr., M. D.(Address) St. Mary's Infirmary, St. Louis, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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