FEB 21 1939 MAR 9 1939

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

7848
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis. Registration District No. 784
(b) Township or Primary Registration District No. 115 Registered No. 316
(c) City University. (d) Street No. 626 Vassar St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 636 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William S. Carter.
(a) Residence, No. #626 Vassar St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret J. Carter.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30, 1857.
7. AGE: Years 81. Months 2. Days 22. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Bldg Contractor
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) Chillicothe, Mo.

FATHER
13. NAME Milo S. Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Isabel McNeil
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT Mrs Helena Barham
(ADDRESS) #626 Vassar.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Feb. 22, 1939
19. FUNERAL DIRECTOR (NAME) C. C. Lupton & Son
(ADDRESS) #7203 Delmar Blvd
20. FILED FEB 21 1939 T. R. Meyer M.D. D.V.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 21, 1939.
22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to Feb 21, 1939
I last saw him alive on Feb 20, 1939. Death is said to have occurred on the date stated above, at 7 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
21	
Other contributory causes of importance:	
Chronic Nephritis	1936

Name of operation None Date of
What test confirmed diagnosis? Clinical Findings 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) Geo B Kruger, M. D.
(Address) 3442 Geraldine Av

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.

(Licensed Embalmer's Statement on Reverse Side)

Ev. 2054

2-4. Lrs.

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 Clarence H. Murray, Registered Apprentice No. —— working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.