

- 1 1939

MAY 11 1939

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

16147
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township 1 Primary Registration District No. 3rd
(c) City St. John's - ta. (d) Street No. 3628 Brown Rd. Registered No. 788
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 636 Cordelia A. Carter

(a) Residence, No. 3628 Brown Rd. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John F. Carter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-3-73
7. AGE YEARS 66 MONTHS 2 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hwf.
9. Industry or business in which work was done, as 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) Lincoln Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME John Seifert
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jane Holms
16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT Paul W. Carter (ADDRESS) 3628 Brown Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 5-2-39 19.

19. FUNERAL DIRECTOR (NAME) Geo. E. Fleitsch (ADDRESS) 5966 Easton

20. FILED MAY - 1 1939 St. Louis Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29/39 19
22. I HEREBY CERTIFY, That I attended deceased from March 15th 1939 to April 29th 1939.
I last saw h. er alive on April 29th 1939. Death is said to have occurred on the date stated above, at 12:48 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chole cystitis
Chronic nephritis
Other contributory causes of importance:
Hypertension 46
Ed of Liver 2

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab 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) Arnold H. Warrner, M. D.
(Address) 3900 St. Charles Rd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Leonard W. Kraeger

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed *Leonard W. Kraeger*

Licensed Embalmer No. *2678*

P. O. Address _____

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