

SEP 25 1940 791

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7046

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 days
(Specify whether
 In this community Life
years, months or days)

3. (a) PRINT FULL NAME Bell Carter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female Colored 5. Color or race Harvey Carter
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Aug. 29, 1877
(Month) (Day) (Year)

8. AGE: 63 62 11 19
Year Months Days If less than one day
 hr. _____ min. _____

9. Birthplace Greenville, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name John W.atts
 13. Birthplace Greenville, Miss.
(City, town, or county) (State or foreign country)
 14. Maiden name Atlanta
 15. Birthplace Greenville, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harvey Carter

(b) Address 4323a Cozens

17. (a) Burial (b) Date thereof Aug. 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director P. L. Harny

(b) Address 2829 Washington, N. Miss.

19. (a) Aug 26 1940 (b) _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4323 Cozens
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
 year 1940 hour 3:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from July 30, 1940, to August 16, 1940, that I last saw her alive on August 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 5 das
Duration

Due to _____
 Due to _____

Other conditions Arteriosclerosis Indef
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. W. Johnson (M. D. or other) _____
 Address 2601 N. Whittier Date signed _____

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.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Devin Blackford

Licensed Embalmer No. 3962

P. O. Address 2829 Washington

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.