

DEC 11 1940 791]

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9736

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
 (b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Hrs. 2 Mins.
(Specify whether
 In this community 4 Hrs. 2 Mins
years, months or days)

3. (a) PRINT FULL NAME Baby Carter

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

4. Sex. Male 5. Color or race White 6. (a) Single, widowed, married, divorced Newborn
 6. (b) Name of husband or wife Newborn 6. (c) Age of husband or wife if alive Newborn years

7. Birth date of deceased. November 6, 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 2 min.

9. Birthplace. St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name William Carter

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Meredith Holt

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Mission

(b) Address City Hospital #1

17. (a) Cremation (b) Date thereof 11-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital No. 1

19. (a) NOV 27 1940 (b) [Signature]
(Date received local registrar) (Signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County.....
 (c) City or town. St. Louis 23
(If outside city or town limits, write "RURAL")
 (d) Street No. 1614a South 18th St.,
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6,
 year 1940 hour 9:07 minute P. M.

21. I hereby certify that I attended the deceased from November 6,
1940, to November 6, 1940
 that I last saw h. im alive on November 6, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Pneumonia

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Henry Kattin
 Address 1515 Lafayette Ave., Date signed 11/13/40

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.....

Licensed Embalmer No.....

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, fact should be so stated above.