DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43869

State File No. 0

JAN 8 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2414

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Overland (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RR 7-Box 638 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 28 yrs. 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Overland RR. 7-Box 638 (If outside city or town limits, write "RURAL")

(d) Street No. ____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME John Carter

3. (b) If veteran, name war none

3. (c) Social Security No. 494-10-7716 494-10-7716

4. Sex Male

5. Color or race negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of ~~husband~~ or wife Rosia Carter

6. (c) Age of ~~husband~~ or wife if alive 42 years

7. Birth date of deceased aug. (Month) 29 (Day) 1886 (Year)

8. AGE: Years 54 Months 3 Days 20 If less than one day ____ hr. ✓ min.

9. Birthplace St. Charles Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Laborer 0

11. Industry or business ✓ 0

FATHER
12. Name David Carter 0
13. Birthplace St Charles Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lizzie Williams
15. Birthplace St Charles Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Rosia Carter

(b) Address R. 7-Box 638 Overland

17. (a) ____ (Burial, ~~cremation, or removal~~) (b) Date thereof 12-22-40 (Month) (Day) (Year)

(c) Place: burial or cremation Misic Cemetery

18. (a) Signature of funeral director J. Lewis

(b) Address Webster Groves

19. (a) DEC 22 1940 (Date received local registrar) (b) R. Meyer M.D. Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19 year 1940 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from August 1st, 1940, to Dec. 19th, 1940; that I last saw him alive on Dec. 18th, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Phthisis Pulmonalis	5 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. S. Coleman M.D. (M. D. or other)

Address Pittsburgh Mo. Date signed Dec 19, 40

(Licensed Embalmer's Statement on Reverse Side)

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~~ Theodore J. Yandell, Registered Apprentice No. 262 working under my personal supervision.

Signed J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves Mo

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

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