

No. 2
1-10-39
17-39
X2149Z

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 25 1941 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4861
1109
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution less than 24 hr
(Specify whether
In this community unknown
years, months or days)

3. (a) PRINT FULL NAME Walter Carter
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race Black 6. (a) Single, widowed, married or divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased abt 1889
(Month) (Day) (Year)

8. AGE: Years abt 52 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Johnson
(b) Address 3308 W 11th St

17. (a) Burial (b) Date thereof 1-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(a) Place: burial or cremation Jefferson Wash

18. (a) Signature of funeral director W. Lightner J. Riley
(b) Address 3255 Finney

19. (a) FEB 3 1941 (b) J. W. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County XX 000
(c) City or town unknown 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. unknown
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1941 hour 1 minute 20 P.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Arterio Sclerosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) MI

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____

23. Signature Walter Carter (M. D. or other) _____
Address Jefferson Wash Date signed 1/27/41

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

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, above space should be left blank.