

S. No. 2  
1-4-13-40  
v. 5-17-39  
I X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8979**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2389**

00  
17  
9

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town. **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**BARNES HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 mo 11 da**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **IVW GRACE CARTER**

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

4. Sex **Female** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **L. A. Carter** 6. (c) Age of husband or wife if alive **42** years  
7. Birth date of deceased **March 30, 1903**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>37</b>	<b>11</b>	<b>14</b>	hr. min.

9. Birthplace **Hondo, Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

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

16. (a) Informant **L. A. Carter Texas**

(b) Address **441 Main Ave., San Antonio, Tex.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar. 18, '41**  
(Month) (Day) (Year)

(c) Place: burial or cremation **San Antonio, Tex.**

18. (a) Signature of funeral director **Craig Mortuary**

(b) Address **1468 Washington**

19. (a) **MAR 16 1941** (b) **J. W. Bredech**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Texas** (b) County **999 N. R**  
(c) City or town **San Antonio** (If outside city or town limits, write "RURAL")  
(d) Street No. **115 Delaware Street** (If rural, give location)  
(e) If foreign born, how long in U. S. A. **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14** year **1941** hour **4** minute **15** P. M.

21. I hereby certify that I attended the deceased from **February 3, 1941** to **March 14, 1941**  
that I last saw her alive on **March 14, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Post operative pulmonary embolism**

Due to **Chronic lung abscess of right lower lobe**

Due to **Empyema**  
*cause unknown non tubercular*

Other conditions **no pneumonia**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **110**  
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 **FR Pradley** (M. D. EXEMPT)  
Address **BARNES HOSPITAL** Date signed **3-15-41**

**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

*Philip M. Casary*

Licensed Embalmer No. *3287*

P. O. Address *4468 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, fact should be so stated above.**