

42977

JAN 9 1942

Registration District No. 780

Primary Registration District No. 200

Registrar's No. 2633

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Koch, Missouri  
(c) Name of hospital or institution: Robert Koch Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years  
In this community \_\_\_\_\_  
years, months or days

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. 1918 Carr  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HORACE CARTER

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

4. Sex MO 5. Color or race N 6. (a) Single, widowed, married, divorced W. 2  
6. (b) Name of husband or wife Amanda Shields 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 5 1889  
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation casualty worker

11. Industry or business laundry

12. Name Henry Carter  
13. Birthplace Unknown Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Callie Dutaker  
15. Birthplace Unknown Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
(b) Address Robert Koch Hospital

17. (a) BURIAL (b) Date thereof 12-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bernie Love  
(b) Address 3103 Washington

19. (a) DEC 27 1941 (b) E. P. McJannet MD  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 10-14 1941 to 12-23 1941  
that I last saw him alive on 12-23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of lungs Duration 3 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Pulmonary hemorrhage 10 min  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Denied

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) (Specify type of place)  
While at work \_\_\_\_\_ (f) Means of injury \_\_\_\_\_  
Signature Robert C Sweet (M. D. or other) \_\_\_\_\_  
Address Robert Koch Hospital Date signed 12/25

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

MOTHER FATHER

HP

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**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 Melvin Blackburn

Licensed Embalmer No. 3962

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.**