

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8382**  
Registrar's No. **3322**

Registration District No. **791**  
Primary Registration District No. **1003**

1. PLACE OF DEATH: **St Louis**  
(a) County **St Louis**  
(b) City or town **St Louis Mo.**  
(c) Name of hospital or institution: **Peoples Hospital**  
(d) Length of stay: **10 days**  
In this community **2 years.**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St Louis**  
(c) City or town **St Louis**  
(d) Street No. **1050 a N Newstead Ave.**  
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Georgia Carter**  
3. (b) If veteran, name war **No**  
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **13** year **1942** hour **10** minute **30** A.M.

4. Sex **Female** 5. Color or race **Col.**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **William Carter**  
6. (c) Age of husband or wife if alive **44 years**  
7. Birth date of deceased **Feb, 19 1897**

21. I hereby certify that I attended the deceased from **April 12** to **April 13** 19**42** that I last saw h. **alive on April 12** and that death occurred on the date and hour stated above.  
Immediate cause of death **Mitral Insufficiency**

8. AGE: Years **45** Months **1** Days **25** If less than one day hr. min.

Due to **apoplexy** **1 day**

9. Birthplace **Kenton Tenn. 1**

Other conditions **92**

10. Usual occupation **Domestic**

11. Industry or business

12. Name **Jack Mosley**

13. Birthplace **Unknown**

14. Maiden name **Unknown**

15. Birthplace **Unknown**

16. (a) Informant **William Carter**  
(b) Address **1050 a-N Newstead Ave.**

17. (a) **Burial** (b) Date thereof **4-18-42**  
(c) Place: burial or cremation **Washington Pk. Cem.**

18. (a) Signature of funeral director **Ellis Fun Home**  
(b) Address **12620 a Stoddard st.**

19. (a) **Apr 14 1942** (b) **J.P. Orndick**  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations

Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury

23. Signature **J.P. Orndick** (M. D. or other)

Address **1005 N. Jefferson** Date signed

**844** (Licensed Embalmer's Statement on Reverse Side)

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

99

**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 L. Boykin, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed L. Boykin  
Licensed Embalmer No. 2946  
P. O. Address St. Louis Mo

**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.**