

19445

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. 5489

LEA JUL 13 1942  
Registration District No. 791

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County --  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether  
In this community 10 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County --  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1503 A N. Whittier  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Ira Norman Carter, Jr.

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

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 22, 1923  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>0</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation Student on N. Y. Cent. R.R.

11. Industry or business New York Central R.R.

MOTHER FATHER  
12. Name Ira Norman Carter, Sr.  
13. Birthplace Charleston, Ark.  
(City, town, or county) (State or foreign country)  
14. Maiden name Wamie Brown  
15. Birthplace Dayton, Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Jayins  
(b) Address 1503 A. Whittier

17. (a) Removal (b) Date thereof 6-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dayton, Ohio

18. (a) Signature of funeral director C. F. Nash  
(b) Address 3847 Page Blvd.

19. (a) JUN 27 1942 (b) J. F. Bradack  
(Date certified local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1942 hour 5 minute 30 A.M.

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  
Acute Dilatation Heart  
Subacute Pericarditis  
Chronic Endocarditis  
Due to Heart  
Due to \_\_\_\_\_

Duration  
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

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? \_\_\_\_\_ (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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_  
23. Signature Walter Perry (M. D. or other)  
Address \_\_\_\_\_ Date signed 6/27/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 1938

**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 at  
3847 Page, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed C. J. Nash  
Licensed Embalmer No. 2432  
P. O. Address 3847 Page

**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.**