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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1943

Registration District No. 18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15945

Primary Registration District No. 1003

Registrar's No. 4941

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether years, months or days)

In this community 26 years

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County 17

(c) City or town St. Louis, 229
(If outside city or town limits, write "RURAL")

(d) Street No. 802 N. Jefferson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Carter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 9

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 9, 1886
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Miss. 1 (State or foreign country)

10. Usual occupation Nil.

11. Industry or business

FATHER
12. Name Prockett Carter
13. Birthplace (City, town, or county) Miss. 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Miss. 1 (State or foreign country)

16. (a) Informant Shirley M. Smith
(b) Address 2601 N. Whittier

17. (a) Interment (Burial, cremation, or removal) (b) Date thereof 5-21-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington V.

18. (a) Signature of funeral director J. F. Ritter
(b) Address 2300 Ritter

19. (a) MAY 28 1943 (Date received local registrar) J. F. Breden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18, year 1943 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from April 23, 1943, to May 18, 1943; that I last saw him alive on May 18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prob. Pulmonary Tuberculosis 1	Unknown
Pleural Effusion 2	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

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)

While at work? (e) Means of injury

23. Signature S. E. Smith (M.D. ~~or other~~)
Address 2601 Whittier Date signed 5/19/43

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.