

S. No. 2  
OM-2-43  
v. 5-17-39  
X3557

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29798

State File No.

Registrar's No.

8732

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

FILED OCT 13 1943

Registration District No. 318

Primary Registration District No. 1003

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:  
En Route to City Hospital #1 3  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... 000

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

(d) Street No. 1943 N. 11th. St  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country... 0

3. (a) PRINT FULL NAME Harry Lee Carter

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

4. Sex Male 5. Color or race White 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 June 7 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 3 24 hr. min.

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

10. Usual occupation Clerk

11. Industry or business Federal Barge Line

12. Name Jacob Carter

13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Lucas

15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. P. Dinko

(b) Address 838 Cedar St Poplar Bluff Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 2 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Olney Illinois

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) OCT 2 1943 (Date received local registrar) J. F. Bruden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day October  
year 1943 hour 8:30 minute 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  
Pyelitis and Cystitis due to a large Prostate;

Due to.....  
Due to.....

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?

While at work?..... (Specify type of place) Means of injury.....

Signature J. F. Bruden (M. D. or other) 3  
Date signed 10/2/43

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

**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 Frank J. Owen

Licensed Embalmer No. 2245

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.**