

FILED JUN 23 1944

Registration District No. 518

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 7 weeks
In this community 30 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Leroy Carter

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Leona 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Jan. 27th. 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Attendant

11. Industry or business City Sanitarium

12. Name Pitt Carter

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

14. Maiden name Lue McFarland
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Leona Carter

(b) Address 4134 Clayton ave.

17. (a) burial (b) Date thereof 6-13-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathew Cemetery

18. (a) Signature of funeral director W. Schuwach

(b) Address 3013 Meramec

19. (a) 11/11/44 (b) J. F. Bredock
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4134 Clayton ave.
(If rural, give location) no
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1944 hour 6 minutes 55 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 Pulmonary Tuberculosis
Pleural Effusion fracture of Right
Femur suffered when I fell and
Due to fall on sidewalk in front
of 4100 Clayton ave on 6-12-44
Due to 1944 at about 11:45 PM

Duration

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 is due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accidents I.D.

(b) Date of occurrence 5-22-44

(c) Where did injury occur? St. Louis (City or town) (County) (State)

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

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Thomas F. Bellman (M. D. or other)

Address 4134 Clayton Ave Date signed 6-12-44

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MOTHER, FATHER

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..... *Francis A. Williamson*
Licensed Embalmer No..... *3565*
P. O. Address..... *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.