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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 8 1944

Registration District No. 377

Primary Registration District No. 3068

Registrar's No. 1430

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town **Richmond*Habitat* Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community 1 Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 419 Oak Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM ALEXANDER CARTER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Christine N. Roberts Carter 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased 8 10 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 10 20 _____ hr. _____ min.

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

10. Usual occupation Retired Lawyer

11. Industry or business _____

12. Name John Inge Carter

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

14. Maiden name Amelia Norton

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

16. (a) Informant Mrs. Paul Roth

(b) Address 419 Oak Street, Webster Groves, Mo.

17. (a) Burial (b) Date thereof 7-1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Boulevard

19. (a) JUL 8 - 1944 (b) E. G. McQuarrie, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30
year 1944 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 11, 1944, to June 29, 1944, that I last saw him alive on June 29, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Myocardial failure

Due to Sensibility

Due to Arterio Sclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

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? _____ (Specify type of place)

(b) Means of injury _____

23. Signature A. Steeling (M. D. _____)

Address Maplewood, Mo. Date signed 6-30-44

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

MOTHER FATHER

Dr. John Sterling
7-166 Manchester
Hi 4885

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

jos. E Mc cullote

Licensed Embalmer No. *2460*

P. O. Address *6170 Delma*

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.