

No. 2
A-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21597
Registrar's No. 5051

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute to City Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Baden Station
(d) Street No. Box 451R, Route #4.
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME Eugene R. Carter
(b) If veteran, name war None (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3, year 1946 hour 11:00 minute 05 M.

4. Sex Male (1) 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife May Belle Carter nee Eaker
7. Birth date of deceased March 7, 1897

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.

8. AGE: Years 49 Months 2 Days 27 If less than one day hr. min.

Immediate cause of death
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

9. Birthplace Unknown Mo.
10. Usual occupation Steel Worker

11. Industry or business
12. Name George Carter
13. Birthplace Unknown Mo.
14. Maiden name Margaret White
15. Birthplace Unknown Mo.

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

16. (a) Informant May Belle Carter
(b) Address Box 451R, Route #4 Baden Sta
17. (a) Burial (b) Date thereof 6/6/46
(c) Place: burial or cremation New Bethlem Cemetery

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

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) JUN 5 1946 (b) [Signature]

(Specify type of place) While at work? (e) Means of injury 3
23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 6/12/46

(Licensed Embalmer's Statement on Reverse Side)

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

20400

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 Sebastian W. Weitzel

Licensed Embalmer No. 4329

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.