

No. 2  
4-5-43  
5-17-39  
I X36671

FILED JUL 31 1948  
Registration District No. **318**

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 Infirmary**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 years**  
(Specify whether  
In this community **over 45 years**  
years, months or days)

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. **3032 Belt**  
(If rural, give location)  
(e) Citizen of foreign country? **American** (Yes or No)  
If yes, name country

13  
17  
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3. (a) PRINT FULL NAME

**Julia Carter**

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **Female**  
5. Color or race **col.**

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

6. (b) Name of husband or wife **John**

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

7. Birth date of deceased **Mar. 22 1875**  
(Month) (Day) (Year)

8. AGE: Years **71** Months **20** Days **3** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **Jack Minor**

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

14. Maiden name **Polly Brown**

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

16. (a) Informant **City Infirmary Records**

(b) Address **5800 Arsenal St.**

17. (a) **Burial** (b) Date thereof **6-29-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cemetery**

18. (a) Signature of funeral director **Chas. J. Gates**  
(b) Address **4107 Finney Ave.**

19. (a) **JUN 27 1948** (b) **J. F. Breda**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 25** day  
year **1946** hour **12:11:45 a.m.** M.

21. I hereby certify that I attended the deceased from **July 2, 1945**  
to **June 25, 1946**  
that I last saw her alive on **June 25, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Hypertensive cardio vascular disease--several years**

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) (e) Means of injury

23. Signature **Palmer Prueitt Bowditch** (M. D. or other)  
Address **5800 Arsenal** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.....

..... Thomas J. Gates .....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Thomas J. Gates*

..... Licensed Embalmer No..... 4259 .....

P. O. Address..... 4107 Finney Ave. .....

**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.**