

8. No. 2
-12.45
5-17-39
I X47070

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Pronounced dead at City Hosp.
~~Hampton Row & Co's Brilliant Ave.~~
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution (Specify whether)
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5911 Lotus Avenue (12)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Bedford H. Carter.

3. (b) If veteran, name war None
3. (c) Social Security No. 702-12-5188

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hattie Carter.
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June 3, 1881.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 10 18 hr. min.

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

10. Usual occupation Railroad Telegraph Operator

11. Industry or business

12. Name Hardy B. Carter.
13. Birthplace Dont know.
(City, town, or county) (State or foreign country)
14. Maiden name Annie M. Waller.
15. Birthplace Kentucky.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hattie Carter.
(b) Address 5911 Lotus Avenue.

17. (a) Removal (b) Date thereof April 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park City, Kentucky.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) APR 22 1947 (b) J. F. Braccia
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st.
year 1947 hour 12.30 P.M. Minute M.

21. I hereby certify that I attended the deceased from 1-1-47
to 4-21-47 1947
that I last saw him alive on 4-21-47 2 mid a.p.
and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Trouble
Due to: Heart Trouble - Mitral Valve.

Other conditions: 92
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy: Underline the cause to which death should be charged statistically.

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? Means of injury
23. Signature: J. F. Braccia (M. D. or other)
Address: 3577 Park St. Date signed: 4-22-47

Dr. Oliver O'Bar.
3519 Hebert Street.
Hours 10 to 12 noon.
Telephone Franklin 2410

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

Ronald J. Burke

Licensed Embalmer No.

3917

P. O. Address

St. Louis

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.