No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15832

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 914

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 25 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL") 3
(d) Street No. 2121 Laclede Station Rd. 1
(If rural, give location)
(e) Citizen of foreign country? (~~Yes or~~ No)
If yes, name country

3. (a) PRINT FULL NAME Paul Carter
3. (b) If veteran, name war No
3. (c) Social Security No. 495-12-9285
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced S O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 21 (Day) 1906 (Year)

8. AGE: Years 40 Months 9 Days 28 If less than one day hr. min.

9. Birthplace Imboden (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Bus Driver
11. Industry or business
FATHER
12. Name Everett Carter
13. Birthplace Birdell (City, town, or county) Arkansas (State or foreign country)
MOTHER
14. Maiden name Nellie TANNER
15. Birthplace (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant Paul Carter
(b) Address 2121 Laclede Station Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 4-22-47 (Date received local registrar) (b) Carl C. J. Shaw MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1947 hour 11 minute 55 a M.
21. I hereby certify that I attended the deceased from April 18, 1947, to April 19, 1947
that I last saw him alive on April 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency
Due to undetermined cause
Due to 107
Other conditions Bronchopneumonia (2)
(Include pregnancy within 3 months of death)
Delirium tremens
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Wm. C. Critchlow (M. D. or other)
Address 601 Brentwood Date signed 4/20/47

(Licensed Embalmer's Statement on Reverse Side)

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.