

FILED AUG 12 1948

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. 318

Township.....

Primary Registration District No. 1003

City St. Louis, Mo (No. St. Mary's Epiphany)File No. ....  
Registered No. 6750 de  
St. .... Ward) 112. FULL NAME Baby Carter(a) Residence, No. 927<sup>e</sup> N. Vandewater - 11 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single ( )

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-29-487. AGE YEARS MONTHS DAYS If LESS than 1 day, 14 hrs. or 42 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo13. NAME Cleave Carter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marvell, Ark.15. MAIDEN NAME Johnnie B. Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Earl, Ark.17. INFORMANT (ADDRESS) Cleave Carter  
927<sup>e</sup> N. Vandewater18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 7-31 194819. UNDERTAKER (ADDRESS) J. H. Randleton  
3133 Bell av.20. FILED JUL 31 1948 J. F. Braddock Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUN. 30 194822. I HEREBY CERTIFY, That I attended deceased from JUN. 29 1948 to JUN. 30 1948I last saw him alive on JUN 29 1948 Death is saidto have occurred on the date stated above, at S.A. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Prob. PULMONARY  
AEELECTASIS

Other contributory causes of importance:

PREMATURITY

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) L. A. Hartman, M. D.(Address) 4069<sup>e</sup> E. Carter 7/31/48

Not Embalmed  
C. Rawlee

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. du 4  
Registrar's No. 675-0

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME

Carter

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

4. Sex 7 5. Color or race B 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive.....

7. Birth date of deceased 6-29-1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 yr. 42 min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....  
13. Birthplace..... (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) AUG 14 1948 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Aug 30  
year 1948 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Duration

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....

Address..... Date signed.....

5-24159