

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6295

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: Missouri Pac Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 Weeks  
(Specify whether)  
 In this community 15 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0211  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1924 South Broadway  
23 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Hubert Semion Carter

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15  
 year 1948 hour 12 minute 57 A.M.  
 21. I hereby certify that I attended the deceased from July 1  
1948, to July 14, 1948  
 that I last saw him alive on July 14, 1948  
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Dec 9 1908  
(Month) (Day) (Year)

Immediate cause of death: Carcinomatous - of liver, lungs, ribs & right hip 2 months  
 Due to unknown  
 Due to \_\_\_\_\_

8. AGE: Years 49 Months 7 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

9. Birthplace Clay County Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business \_\_\_\_\_

12. Name John Carter  
 13. Birthplace Clay County Ill  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ava Mc Kinney  
 15. Birthplace Clay County Illinois  
(City, town, or county) (State or foreign country)

Major findings: metastatic carcinoma of liver, lungs & mechanical injury  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 22. If death was due to external cause, fill in the following:

16. (a) Informant Arthur P. Carter  
 (b) Address 3425 Utah Street.  
 17. (a) Removal (b) Date thereof 7/15/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation Walnut Ridge, Arkansas  
 18. (a) Signature of funeral director Oscar J. Hoffmeister  
 (b) Address 4016 Chippewa Street

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Charles J. Fitzmaurice (M. D. or other) M. D.  
 Address Meridian Pacific 14 days. Date signed July 15, 1948

19. (a) JUL 15 1948 (b) J. P. Brodeur  
(Date received local registrar) (Registrar's signature)

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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.....

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

working under my personal supervision.

Signed..... *W. Wilkins* .....

Licensed Embalmer No. *3575*

P. O. Address..... *11 Lane St* .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**