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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37963

Registrar's No. 9987

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community

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. 2816a Burd Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY CARTER

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

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 decease Jan. (Month) 4th. (Day) 1880 (Year)

8. AGE: Years 68 Months 10 Days 13 If less than one day hr. min.

9. Birthplace New London, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Newton Carter
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Sarah Little
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. E. Becker
(b) Address 2816a Burd Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation New London, Mo.

18. (a) Signature of funeral director Sullivan Funeral Dir.
(b) Address 2849 North Euclid Ave.

19. (a) NOV 18 1948 (Date received by Registrar) J. B. Lakaten (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17th year 1948 hour 5 minute 07 A. M.

21. I hereby certify that I attended the deceased from 10/28/48, 19..., to Nov. 17th, 19 48 that I last saw her alive on Nov. 17th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension and arteriosclerotic heart disease — Duration 6 yr.

Due to

Due to

Other conditions pulmonary emphysema
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Frank T. Martin (M. D. or other)
Address 1515 LAFAYETTE Date signed 11/17/48

(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 Robert M Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo

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.