

STANDARD CERTIFICATE OF DEATH

State File No. **20864**  
**5790**

FILED JUL 15 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>000</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo. 0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis 17</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Infirmiry Hospital</b>		d. STREET ADDRESS <b>1019a Bates 8</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>AMANDA</b> c. (Last) <b>CARTER</b>			4. DATE OF DEATH <b>July 2 1949</b> (Month) (Day) (Year)
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 10, 1864</b>
9. AGE (In years) <b>34</b> 10. MONTHS <b>10</b> 11. DAYS <b>17</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Pennsylvania /</b>	
13a. FATHER'S NAME <b>Bentley</b>		14. NAME OF HUSBAND OR WIFE <b>not known</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>A Marie Caswell 1019a Bates City Infirmiry Records 5800 Arsenal</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<b>Acutely ill 2 weeks</b>
		<p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Hypertensive &amp; Arteriosclerotic</b></p> <p>DUE TO (c) <b>Heart Disease</b></p>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>930</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443X</b>

22. I hereby certify that I attended the deceased from **6/9**, 19**49**, to **July 2**, 19**49**, that I last saw the deceased alive on **July 2**, 19**49**, and that death occurred at **5:45P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Mass Olnob M.D. 0</b>	23b. ADDRESS <b>5800 Arsenal</b>	23c. DATE SIGNED <b>7/3/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7/5/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>N St Marcus</b>
24d. LOCATION (City, town, or county) (State) <b>St Louis, Mo.</b>		

DATE REC'D BY LOCAL REG. <b>JUL 5 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Lassater</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ziegenhein &amp; Sons 7027 Gravois</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11/10  
11/10  
11/10

*[Handwritten signature]*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.