

S. No. 309
V. 10.48

15126

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1950

State File No. _____
Registrar's No. 1195

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

10022
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH a. COUNTY Kinloch MO		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Kinloch	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. LENGTH OF STAY (in this place) 2 Wks	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hopt.		6. CITY (If outside corporate limits, write RURAL and give township) KINLOCH PARK 4090	
		d. STREET ADDRESS (If rural, give location) 4 Kinloch MONROE & LURCH	

3. NAME OF DECEASED (Type or Print) Shirley Carter			4. DATE OF DEATH (Month) (Day) (Year) 5-6-50		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 5-15-1895	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ark 1		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Lae Carter		13b. MOTHER'S MAIDEN NAME Nettie Peterson		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Wallie Carter ADDRESS 3215 Pine	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) unk		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH unk	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) cause unknown				7955	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Donke M.D. (Name or title) Registrar of Vital		23b. ADDRESS 651 South Brentwood, Clayton		23c. DATE SIGNED 5-9-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/12/50		24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) St. Louis MO	
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DATE REC'D BY LOCAL REG. 5-9-50		REGISTRAR'S SIGNATURE Herbert R. Donke		25. FUNERAL DIRECTOR'S SIGNATURE Pinkie L. Toney ADDRESS 3129 Locust	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clark Young*

Licensed Embalmer No. *3371*

P. O. Address *St. Louis*

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.