

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24636

FILED JUL 19 1950

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>3068</u>		Registrar's No. <u>1626</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>		ST. LOUIS <u>2039</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3412 Commonwealth Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>3412 Commonwealth Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>			b. (Middle) _____		c. (Last) <u>CARTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 5th, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-1-1877</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>	IF UNDER 6 WKS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Switchman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Lattimar, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pattison</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha May Carter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Bertha Carter, 3412 Commonwealth Ave., Maplewood, Mo.</u>			
18. CAUSE OF DEATH (Enter only on cause per line for (a), (b), and (c)) <i>This does not mean (1) mode of death, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sclerosis of Liver</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterial Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>44X</u>	
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June 10, 1950</u> , to <u>July 5, 1950</u> , that I last saw the deceased alive on <u>July 5, 1950</u> , and that death occurred at <u>1:30 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hellie Shaver, M.D.</u>				23b. ADDRESS <u>Friedell Trust Bldg</u>		23c. DATE SIGNED <u>7-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7-7-50</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>WICHITA, KANSAS</u>		
DATE REC'D BY LOCAL REG. <u>7-5-50</u>		REGISTRAR'S SIGNATURE <u>Bertha P. [unclear]</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>JANE B. SMITH, 7450 Manchester Ave. Maplewood 17, Mo.</u>			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

J. Allen Davis

Licensed Embalmer No. 4053

P. O. Address St. Louis 10

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Louis } ss.

State File No. 24636
Local Registrar's No. 02838

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 29th day of July, 1950, before me appears Bertha M. Carter, who, upon her oath, states that the original record of ~~her~~ death for Thomas Carter, ^{she} died July 5th, 1950, in the State of Missouri, and which was filed at Clayton, Mo. ~~xxx~~ on July 6th 1950, should be corrected as follows:

- Item No. 1-a should read blank
Instead of St. Louis
- Item No. 1-b should read St. Louis
Instead of Maplewood
- Item No. 2-b should read blank
Instead of St. Louis
- Item No. 2-c should read St. Louis
Instead of Maplewood
- Item No. 17 should read 3412 Commonwealth Ave., St. Louis, Mo.
Instead of 3412 Commonwealth Ave., Maplewood, Mo.
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Bertha M. Carter wife
Bertha M. Carter Relationship.
3412 Commonwealth Ave.
St. Louis, Mo. Residence.

Subscribed and sworn to before me this 29th day of July, 1950, 194_____

My Commission expires July 10, 1953 William H. Wellmeyer Notary Public.