

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17906

FILED JUN 5 1951

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State File No. 4781
Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 4781		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219 STREET ADDRESS (If rural, give location) 202 N Jefferson									
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				3. NAME OF DECEASED a. (First) Abe (Type or Print)		b. (Middle) Carter		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 18 1951			
5. SEX Male ✓		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH June 13, 1885 65		9. AGE (In years less birthday) (Specify) 65		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 2 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME William Carter				13b. MOTHER'S MAIDEN NAME Laura Waters				14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Hospital Record				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis, Far Advanced ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None								INTERVAL BETWEEN ONSET AND DEATH Undet	
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? 002X							
22. I hereby certify that I attended the deceased from 5-17, 1951, to 5-18, 1951, that I last saw the deceased alive on 5-18, 1951, and that death occurred at 6:15a m., from the causes and on the date stated above.													
23a. SIGNATURE Elmer J. Heaps, M. D.				(Degree or title)				23b. ADDRESS 2601 N Whittier St				23c. DATE SIGNED 5-18-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23/51		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem				24d. LOCATION (City, town, or county) (State) St. Louis MO					
DATE REC'D BY LOCAL REG. 1951 MAY 22 1951				REGISTRAR'S SIGNATURE J. B. Foster				25. FUNERAL DIRECTOR'S SIGNATURE F. G. Green 4214 Delmar				ADDRESS	

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

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 _____

Christal E. Lewis

Student Embalmer No. *408*

working under my personal supervision.

Signed *Christal E. Lewis*
Student Embalmer

Signed *F. G. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.