

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9791**
1972

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

1. PLACE OF DEATH a. COUNTY MISSOURI		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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2259	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 25 920 north 15th St	

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) _____ c. (Last) Carter			4. DATE OF DEATH (Month) (Day) (Year) Feb. 23 1952		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 18, 1891	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) HIGH POINT, N.C.	
12. CITIZEN OF WHAT COUNTRY? _____					

13a. FATHER'S NAME CARVIN-CARTER	13b. MOTHER'S MAIDEN NAME MARY GARVIN	14. NAME OF HUSBAND OR WIFE Unknown
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Arthur Carter Jr ADDRESS 920 N. 15th St

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH Undet.
		DUPLICATE CAUSES DUE TO (b) Undetermined		
		DUE TO (c) Partial Intestinal Obstruction		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		1 month

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? 1561	

22. I hereby certify that I attended the deceased from **1-23**, 19**52**, to **2-23**, 19**52**, that I last saw the deceased alive on **2-23**, 19**52**, and that death occurred at **6:07p** m., from the causes and on the date stated above.

23a. SIGNATURE Wm F Reid (Degree or title) _____	23b. ADDRESS 2601 N Whittier St	23c. DATE SIGNED 2-25-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/1/52	24c. NAME OF CEMETERY OR CREMATORY Oakdale
24d. LOCATION (City, town, or county) (State) Almay, Mo		
DATE REC'D BY LOCAL REG. AR 1	REGISTRAR'S SIGNATURE J Earl Smith Md	25. FUNERAL DIRECTOR'S SIGNATURE T H Burks ADDRESS 212 Cornell St

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

19450221151
211102 78

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 *Theodore Kendall*

Licensed Embalmer No. *4243*

P. O. Address *138 Aldrige*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes ground for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Walter Green