

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40058

State File No.

FILED DEC 12 1952

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 10860

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10860	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>22 2329a LaSalle</u>			
3. NAME OF DECEASED (Type or Print) <u>Miles</u> a. (First) _____ b. (Middle) _____ c. (Last) <u>Carter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 14, 1915</u>		9. AGE (In years last birthday) <u>37</u>	10. MONTHS <u>6</u>	11. DAYS <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Scullins Steel</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hope, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Albert Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Steward</u>		14. NAME OF HUSBAND OR WIFE <u>Beauty 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 <u>Beauty Carter 2329a LaSalle</u>			
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) <u>Chronic Glomerulonephritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Undetermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* <u>Conditions contributing to the death but not related to the disease or conditions causing death.</u> <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? <u>5927</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>11-15</u> , 19 <u>52</u> , to <u>11-23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-23</u> , 19 <u>52</u> , and that death occurred at <u>12:50p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edw. B. Williams M. D.</u>		23b. ADDRESS <u>2601 N Whittier St.</u>		23c. DATE SIGNED <u>11-25-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>c/o Hicks Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Hope, Ark.</u>		
DATE REC'D BY LOCAL REG. <u>NOV 25 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Roanice 1221 N. Grand</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Gupton Swan

Licensed Embalmer No. 4580

P. O. Address 12317. Grand Bl

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.