

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7426

State File No. ....

FILED FEB 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1522**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS,</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS,</b> <b>2063</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3350 BLACKSTONE</b>		d. STREET ADDRESS (If rural, give location) <b>3350 BLACKSTONE AVE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MICHAEL</b> b. (Middle) <b>J.</b> c. (Last) <b>CARTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>FEB, 7, 1953</b>		
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5. SEX <b>MALE</b> <b>0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>7/6/1894</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SPRAY PAINTER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>IRELAND</b> <b>4</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>CATHERINE CARTER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) #	16. SOCIAL SECURITY NO. #	17. INFORMANT'S SIGNATURE OR NAME <b>CATHERINE CARTER</b> ADDRESS <b>3350 BLACKSTONE</b>
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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		INTERVAL BETWEEN ONSET AND DEATH. <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	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. <b>Influenza</b>		7 days

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>
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22. I hereby certify that I attended the deceased from **2-3-53**, to **2-7-53**, that I last saw the deceased alive on **2-7-53**, and that death occurred at **11:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E. L. Lancher</b>	(Degree or title) <b>Med.</b>	23b. ADDRESS <b>4888 Natural Bridge</b>	23c. DATE SIGNED <b>2-7-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2/9/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>FEB 9 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STROOT - CARROLL 4600 NATURAL BRIDGE</b>
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E. A. (Licensed Embalmer's Statement on Reverse Side)

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

*Spencer*

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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

*Albert Mayfield*

Licensed Embalmer No. *3277*

P. O. Address *St Louis Mo*

**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.