

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15552

State File No. 3954

FILED MAY 14 1953

| | | | | | | | |
|--|-------------------------------|--|---|---|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 3954 | |
| 1. PLACE OF DEATH a. COUNTY ST. LOUIS | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS | | c. LENGTH OF STAY (in this place) 4 DAYS | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROCKPORT | | 8120 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) Rural Route 8 | | | |
| 3. NAME OF DECEASED (Type or Print) ROBERT RAY CARTER | | | c. (Last) CARTER | | | 4. DATE OF DEATH (Month) (Day) (Year) April 13 1953 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED | 8. DATE OF BIRTH AUGUST 28, 1947 | | 9. AGE (In years last birthday) 5 | If UNDER 1 YEAR Months 7 Days 16 | If UNDER 1 HR. Hours 16 Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE | | 10b. KIND OF BUSINESS OR INDUSTRY NONE | | 11. BIRTHPLACE (State or foreign country) PEARL ILLINOIS | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Thomas Carter | | | 13b. MOTHER'S MAIDEN NAME Maybel McBrian | | 14. NAME OF HUSBAND OR WIFE _____ | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. — | | 17. INFORMANT'S SIGNATURE OR NAME Jeanne Carpenter 500 S. Kingshighway | | | 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis | | | | 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. | | | | | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION S | | | | 20. AUTOPSY? YES <input 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) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) evening | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 22. HOW DID INJURY OCCUR? 20/4 | | | |
| 22. I hereby certify that I attended the deceased from April 9, 1953 , to April 13, 1953 , that I last saw the deceased alive on April 13, 1953 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Walter Klingberg MD (Degree or title) | | | | 23b. ADDRESS 500 S. Kingshighway | | 23c. DATE SIGNED 4-13-53 | |
| 24a. BURIAL, CREMATION REMOVAL Removal | | 24b. DATE 4-15-53 | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) Hardin, Ill. | | |
| DATE RECD BY LOCAL APR 16 1953 | | REGISTRAR'S SIGNATURE J. Earl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hanks F.H., Hardin, Ill. | | | |

S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed M. W. Rueter.....

Licensed Embalmer No. 4865.....

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.