

**THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No.

6013

No. 300
10.48

FILED MAR 4 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1159**

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) 29 yrs. c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2704 Bernard St.		d. STREET ADDRESS (If rural, give location) 2229 2704 Bernard	
3. NAME OF DECEASED (Type or Print) Anderson		a. (First) B.	b. (Middle) Carter
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1954	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 4, 1876
9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 6	IF UNDER 1 YEAR Days 28	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Library	11. BIRTHPLACE (City and State or Foreign Country) Nashville, Tennessee	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Anderson Carter		13b. MOTHER'S MAIDEN NAME Eliza Garrett	
14. NAME OF HUSBAND OR WIFE Susie Carter		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No	
16. SOCIAL SECURITY 487-22-9120		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Viola Carter 2704 Bernard St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis	
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	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 26, 1954</u>, to <u>Feb 2, 1954</u>, that I last saw the deceased alive on <u>Jan 18, 1954</u>, and that death occurred at <u>11 p.m.</u>, from the causes and on the date stated above.	
23a. SIGNATURE (In case of title)		23b. ADDRESS	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2/8/1954		24c. NAME OF CEMETERY OR CREMATORY Greenwood, Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gates Funeral Home 4107 Finney Ave	
DATE REC'D BY LOCAL REG. FEB 5 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur P. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4107 Finney Avenue

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.