

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31687
8068

State File No.

Registrar's No.

FILED SEP 16 1954

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

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)		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital		e. STREET ADDRESS (If rural, give location) 6 4912 Labadie		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) Joe b. (Middle) c. (Last) Carter, Jr.			4. DATE OF DEATH (Month) (Day) (Year) 8 30 54			
5. SEX MALE		6. COLOR (OR RACE) colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday) Months Days 70 5 18		
11. BIRTHPLACE (City and State or Foreign Country) HARVEST ALA.		12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME Joe CARTER		13b. MOTHER'S MAIDEN NAME MARGARET		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lucille Shade 4912 Labadie</i>		
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) Gastro-Intestinal Hemorrhage 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. Duodenal Ulcer (2nd Portion)				INTERVAL BETWEEN ONSET AND DEATH Undt.
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)		
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5410		
22. I hereby certify that I attended the deceased from 8-21 , 19 54 , to 8-30 , 19 54 , that I last saw the deceased alive on 8-30-54 , 19___, and that death occurred at 5:30A m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>Frank O. Richards M.D.</i>		23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 8-31-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 8-31-54		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		
24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. A. F. WALTON 2707 STODDARD ST.</i>				
DATE REC'D BY LOCAL REG. SEP 1 1954		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. A. F. WALTON 2707 STODDARD ST.		

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.....
Signature of Student Embalmer

Signed: *H. Claude Gordon*

Licensed Embalmer No... *346*

P. O. Address *4575a*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.