

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31688

State File No. _____

FILED SEP 16 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8004

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SHELBY</u>	
b. CITY OR TOWN <u>ST. LOUIS MO</u>		c. CITY OR TOWN <u>CLARENCE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S</u>		e. STREET ADDRESS (If rural, give location) <u>4020</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>NANCY</u> b. (Middle) <u>ANN</u> c. (Last) <u>CARTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-54</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>12-5-32</u>		9. AGE (In years last birthday) <u>1 1/2</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 HR. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MO</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>			
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13a. FATHER'S NAME <u>MAURICE W. CARTER</u>			13b. MOTHER'S MAIDEN NAME <u>ERNA LANGDON</u>			14. NAME OF HUSBAND OR WIFE _____					
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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 <u>J. EGAN 500 So. Kingshighway</u>							
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u> 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.										INTERVAL BETWEEN ONSET AND DEATH <u>from birth</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7544</u>			
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22. I hereby certify that I attended the deceased from 8-27, 1954 to 8-29, 1954 that I last saw the deceased alive on 8-29, 1954, and that death occurred at 1:05 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. S. Smith, M.D.</u>			23b. ADDRESS <u>St. Louis Children's Hosp.</u>			23c. DATE SIGNED <u>8-29-54</u>		
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24a. BURIAL CRYPT OR REMOVAL (Specify)		24b. DATE <u>8/30/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harner</u>		24d. LOCATION (City, town, or county) (State) <u>Harnersville Mo</u>			
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DATE REC'D BY LOCAL REG. <u>AUG 30 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Emerson & 2nd Pine Sts. Harnersville Mo</u>				
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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 **NO EMBALM**
Licensed Embalmer No.

P. O. Address

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.