

FILED SEP 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27517  
Registrar's No. 7414

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>2139</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Louis Hos p = 1</i>		e. STREET ADDRESS (If rural, give location) <i>13 5400 Arsenal St</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>James</i> b. (Middle) _____ c. (Last) <i>Carter</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>0 30 55</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>abt = 1902</i>
9. AGE (In years last birthday) <i>53</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) <i>None</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>TENN.</i>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Wesley</i>		13b. MOTHER'S MAIDEN NAME <i>Wesley</i>	
14. NAME OF HUSBAND OR WIFE <i>Wesley</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give nature of service) <i>Wesley</i>	
16. SOCIAL SECURITY NO. <i>Wesley</i>		17. INFORMANT'S SIGNATURE OR NAME <i>P. C. Taylor</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, ashenia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <i>1300 Clark</i>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Internal Hemorrhage</i>		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) <i>Suffered then deceased apparently</i>			
DUE TO (c) <i>Fell to the floor in bathroom in ward 1X,</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>at St. Louis State Hosp. 5400 Arsenal St</i>			
19a. DATE OF OPERATION <i>on June 22, 1955</i>		19b. MAJOR FINDINGS OF OPERATION <i>Exact Time Unknown</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	
21b. PLACE OF INJURY (e.g., in or about home, factory, street, office building, etc.) <i>State Hosp</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis F. 903.7 Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>6 22 1955</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>Fell to floor in bathroom</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Patrick C. Taylor Coroner</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>7.12.55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>8-3-55</i>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>AUG 24 1955</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	
FUNERAL DIRECTOR'S SIGNATURE <i>Kowland-Aker Mortuary Service</i>		ADDRESS <i>4104 Manchester Ave St. Louis 10, Mo.</i>	

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

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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.....  
Signature of Student Embalmer

Signed.....

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.