

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21721

FILED JUN 20 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5458**

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

| | | | |
|--|---------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. 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 2 1/2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hosp. | | STREET ADDRESS (If rural, give location) 11 1800 Bacon Street | |
| 3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) c. (Last) Carter | | 4. DATE OF DEATH (Month) 6 (Day) 4 (Year) 56 | |
| 5. SEX M | 6. COLOR OR RACE Col. | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH 7-15-02 |
| 9. AGE (In years last birthday) 54 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 11. BIRTHPLACE (City and State or Foreign Country) Wilkerson, Miss. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Gobe Carter | |
| 13b. MOTHER'S MAIDEN NAME Anna Drakes | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NUMBER Farmer | |
| 17. INFORMANT'S SIGNATURE OR NAME Geo. Carter-1800 Bacon St. | | 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (Sclerotic) 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 420.1 | |
| 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) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:45 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Regina Queen | | 23b. ADDRESS 300 Clark | |
| 23c. DATE SIGNED 6/7/56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Shipped | | 24b. DATE 6-7-56 | |
| 24c. NAME OF CEMETERY OR CREMATORY Junica Miss | | 24d. LOCATION (City, town, or county) (State) Junica Miss | |
| DATE FILED BY LOCAL REG. 1956 | | 25. FUNERAL DIRECTOR'S SIGNATURE L. Beal Undertaking-4303 Delmar | |
| REGISTRAR'S SIGNATURE C. Smith | | ADDRESS | |

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 *Leroy W. Jannis*

Licensed Embalmer No. *4524*

P. O. Address *3880 E. 1st*

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.