

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030241
STATE FILE NUMBER
8035
Registrar's No.

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003

5. 300
1-57
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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, give TOWNSHIP only) OR TOWN St. Louis Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enoute to City Hosp #2		Length of stay in lb 45 yrs	d. STREET ADDRESS (If outside, give location) 3018 Kossuth Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Harry Mann Carter			4. DATE OF DEATH Month Day Year 8-17-58		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 23, 1895	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done in last 12 months or last 12 months if retired) Retired Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY Cab driver	11. BIRTHPLACE (City and state or country) Reynolds County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Fred Carter	13b. MOTHER'S MAIDEN NAME Anna Mann	14. NAME OF HUSBAND OR WIFE Edna Carter
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, No war or dates of service) No	16. SOCIAL SECURITY NO. —	17. INFORMANT Address Edna Carter 3018 Kossuth Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Oedema</i> <i>Aortic Stenosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cardiac Hypertrophy</i> DUE TO (c) <i>Cardiac Hypertrophy</i>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4211
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20c. TIME OF INJURY Hour o.m. Month, Day, Year p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>James M. Kelly</i> Degree of _____ 3 Deputy	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 8-18-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8-18-58	23c. NAME OF CEMETERY OR CREMATORY Ellington Cemetery	23d. LOCATION (City, town, or county) (State) Ellington, Missouri
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24. FUNERAL DIRECTOR Albert H. Hoppe 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG. AUG 18 58	26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, MD</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Etienne P. Penelvis

Licensed Embalmer No. 4293

P. O. Address St. Louis, Mo.

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.