

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

26062

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo.** (No. **4258**) **Humphrey**

File No.

Registered No. **7688**

St. Ward

2. FULL NAME

(a) Residence, No. **4258 Humphrey** St., **16** Ward. (if nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jennie Carter**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb 22 - 1897**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	30	6	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Twist Maker**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer **Liggett & Meyer Tab Co**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

10. NAME OF FATHER **John J. Carter**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER **Mary Cook**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

14. INFORMANT **Jennie Carter**
(Address) **4258 Humphrey St**

15. FILED **AUG 29 1927** **Frank B. Starkoff**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 27 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 18**, 1927, to **Aug 27**, 1927, that I last saw him alive on **August 27**, 1927, and that death occurred, on the date stated above, at **9:20 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
237
110 B pulmonary tuberculosis
(duration) **1 yr 6 mos.** ds.

CONTRIBUTORY (SECONDARY) **pneumothorax**
(duration) yrs. mos. **5** da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: **31**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF ...
WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **microscopic**
(Signed) **Conrad W. Oelshuer, M.D.**
8/27, 1927 (Address) **3148 Olive St**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cabany** DATE OF BURIAL **Aug 30 1927**

20. UNDERTAKER **W. H. Hubert and Co** ADDRESS **4234 Hancock St**

N. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

RECEIVED

