

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. ....)

File No. 25515

Registered No. 7329

St. .... Ward)

**2. FULL NAME** Fannie Fay Carter

(a) Residence. No. 3442 Laclede Ave. St. 18 Ward. ....

(Usual place of abode)

(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**

Female

**4. COLOR OR RACE**

col

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

single

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

no

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Jan 2<sup>nd</sup> 1911

**7. AGE**

YEARS 17

MONTHS 6

DAY 8

If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

School Girl 57<sup>th</sup>

(b) General nature of industry, business, or establishment in which employed (or employer)

Public 91<sup>st</sup>

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** Martin

(STATE OR COUNTRY) Tennessee

**PARENTS**

**10. NAME OF FATHER** Thomas Carter

(STATE OR COUNTRY) Tennessee

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Henry Co.

**12. MAIDEN NAME OF MOTHER** Mother Ladd

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Walker Co.

(STATE OR COUNTRY) Tennessee

**14. INFORMANT** Artie Carter

(Address) 3442 Laclede Ave.

**15. FILED** JUL 10 1928

1928

Max E. Stanley

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** July 10, 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from July 10, 1928, to July 10, 1928 that I last saw her alive on July 8, 1928, and that death occurred, on the date stated above, at 11 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute Endocarditis

**CONTRIBUTORY (SECONDARY)**

51A  
Polyarthritide rheumatica  
(duration) yrs. mos. ds. 14  
(duration) yrs. mos. ds. 21

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? 0

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF 0

WAS THERE AN AUTOPSY? No

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) John Paul Remours M. D.

7/14, 1928 (Address) 314-2 Franklin Ave

\*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**

Washington Park Cem.

**DATE OF BURIAL**

July 15 1928

**20. UNDERTAKER**

People's Undertaking Co.

**ADDRESS**

3100 Franklin Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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.

