

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

Do not use this space.

23303

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... St. Louis (No. City Hosp # 2)

File No.
 Registered No. 6785 /
 St. Ward)

2. FULL NAME

(a) Residence No. 4511 Rear W. Pine St., 19 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 7 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Estelle Carter</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>unknown</u>				
7. AGE YEARS <u>abt 38</u>	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Chauffeur</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Popular Bluff, Mo.</u> (STATE OR COUNTRY)				
PARENTS	10. NAME OF FATHER <u>George Carter</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY) <u>not known</u>			
	12. MAIDEN NAME OF MOTHER <u>not known</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>not known</u> (STATE OR COUNTRY)			
14. INFORMANT <u>Estelle Carter, wife</u> (Address) <u>4511 Rear. W. Pine</u>				
15. FILED <u>JUN 26 1929</u> <u>W. E. Stanley</u> REGISTRAR				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20, 1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 7:45 P. m.
 (THE CAUSE OF DEATH) WAS AS FOLLOWS
Gun Shot Wounds Head
1824
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Accident
 (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
1824
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Kerner, M.D.
6/25, 1929 (Address) Dep. Coroner
 *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 6/29 1929.
 20. UNDERTAKER Deoproland. Co. ADDRESS 3108 Franklin

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.

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