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

Do not use this space.

24378

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6515.

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 1925 Linden St. ..... Ward)

2. FULL NAME Mary Ellen Carter

(a) Residence. No. 1925 Linden St., 21 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Col	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) april-12-1913

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
17	2	21	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ~~Indiana~~
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Gene Carter

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

12. MAIDEN NAME OF MOTHER Mary Brown

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

14. INFORMANT Mary Brown
(Address) 1925 Linden

15. FILED JUL 7 1930 Max C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) JULY 3 1930

17. I HEREBY CERTIFY, That I attended deceased from MAY 2, 1930 to JULY 3, 1930 that I last saw her alive on JULY 1, 1930, and that death occurred, on the date stated above, at 6:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

PEPTIC ULCER of Stomach
124 A
117 A

(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) CIRRHOSIS OF LIVER (ALC)
Alcoholic (duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [signature], M. D.

JULY 5, 1930 (Address) 1336 FRANKLIN

*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	DATE OF BURIAL
Father Dickson	7-7 1930
20. UNDERTAKER	ADDRESS 4202
W. S. Wade	Finney

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.