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

Do not use this space.

37442

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File No.
Registered No. 10492

1. PLACE OF DEATH
County St Louis
Registration District No.
Township
Primary Registration District No.
City (No. 200 S. 21st St. Ward)

2. FULL NAME Bertha Carter
(a) Residence. No. 200 S. 21 St., 22 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 F
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 Memory
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/4/30
7. AGE Years 0 Months 0 Days 0 If LESS than 1 day, 3 hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work N
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) St Louis Mo.
(STATE OR COUNTY)

PARENTS
10. NAME OF FATHER Henry Carter
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTY) Memphis Miss
12. MAIDEN NAME OF MOTHER Bertha Carter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTY) Memphis Miss

14. INFORMANT Mary Carter
(Address) 200 S 21st St

15. FILED 11/5, 1930 Mark C Foster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 1st 1930
17. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 19, to, 19
that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 1145 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
about 7 Mo. Gest.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cause Undetermined
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kerner, M.D.
(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 Rothendale
DATE OF BURIAL Nov 5 1930
20. UNDERTAKER Page & C
ADDRESS 2991 Gravois

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.