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.

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

Do not use this space.

12448

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St. Louis (No. 2701 Lafayette St. ..... Ward)

File No. .....

Registered No. 3759

2. FULL NAME Loise M Carter

(a) Residence. No. 2701 Lafayette St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 27 1922

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
8	11	25	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER Hy. E Carter

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

12. MAIDEN NAME OF MOTHER Simples Ellis

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

14. INFORMANT Hy E Carter

(Address) 2701 Lafayette

15. FILED ..... 19.. Max R Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 10th, 1931, to Feb. 16, 1931 that I last saw her alive on Feb. 16, 1931, and that death occurred, on the date stated above, at 11:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Leukemia

(Acute myeloblastic)

72A (duration) yrs. 2 mos. + ds.

CONTRIBUTORY (SECONDARY) 72A (duration) yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH at home

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Blood smears

(Signed) Alexis F. Hartmann, M. D.

3/26, 1931 (Address) Childrens Hospital

*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 St. Matthews

DATE OF BURIAL 3/27 19..

20. UNDERTAKER Wm Schumacher

ADDRESS 3013 Meramec