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

Do not use this space.

File No. 41513

Registered No.

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 7010
2 Township Central — Primary Registration District No. 6032
7 City Clayton (No. St. Louis County Hospital Ward)

2. FULL NAME CARTER James

(a) Residence, No. R.R. #4 Overland Mo. 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. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 5 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12-1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	85	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 136A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed 148
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 93C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Jesse 5714 Magnolia Ave St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews Cemetery St Louis Mo DATE Dec. 7, 1932

19. UNDERTAKER Ellen W. McLaughlin
(ADDRESS) St. Louis Missouri

20. FILED Dec 5 1932 R M Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1932 to Dec. 4, 1932
I last saw h... alive on Dec. 4, 1932 Death is said to have occurred on the date stated above, at 2:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Secondary to treatment of	
fracture of Lt femur	Dec 1, 32
Other contributory causes of importance:	
Generalized arteriosclerosis	
& myocardial degeneration	
Fracture of left femur	10/24/32

Name of operation Appl. of Fibrin cast Date of 11/18/32
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? Acc. Date of injury 10/24/1932
Where did injury occur? St. Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Fell down stairs
Nature of injury Fracture of L. femur.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) B. C. Konski, M. D.
(Address) St. Louis Co. Hosp. Clayton, Mo.