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.

6357

1. PLACE OF DEATH
County St Louis
Township Central
City Overland Mo. (No. ..... St. ..... Ward)

Registration District No. 789
Primary Registration District No. 6033-C

File No. .....
Registered No. 33

2. FULL NAME Logan Carter
(a) Residence, No. 9633 Baltimore St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. 20 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
20	10	16	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Overland Mo

FATHER
13. NAME Willis U. Carter Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentzville Mo

MOTHER
15. MAIDEN NAME Carrie Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) W. U. Carter Sr. 9633 Baltimore

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Washington Park DATE 2-7 1934

19. UNDERTAKER (ADDRESS) Slater & Hemphill Kirkwood Mo.

20. FILED 2-6- 1934 H A Bachmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10/50 AM
The principal cause of death and related causes of importance were as follows:

Intra pulmonic hemorrhage causing suffocation with blow on r. temporal region causing cerebral concussion. Fracture of 7th and 8th ribs on right side, near sternum. Secondary: Shock being pinned under this automobile, indefinitely until found by

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Luke B. Tuttle, M.D.
(Address) 3718 Jennings
Coroner St Louis Co., Mo.

passerby ,dead when found , as pressure of entire front of car was on his chest.

Had car jacked up with jack and rock under jack, jack fell down crushing chest.
Jury verdict: Deceased came to his death by an automobile jacked up and fell by an accident, while getting some parts.

Accident happened at 9409 Midland Ave. Overland, Mo.
St.Louis County.