

MAY 7

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City St. Louis (No. 600, So. Kingshighway, Barnes Hosp. (No. 1000))

File No. 16870

Registered No. 3607

2. FULL NAME Maribel Mary Carter (Maiden Name)(a) Residence, No. 910 Main St. St., NR Ward, Alton, Ill.  
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred — yrs. — mos. 30 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
~~MARRIED~~  
(OR) WIFE OF James R. Carter6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 18807. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
55 4 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home10. Date deceased last worked at this occupation (month and year) Mar 1936 11. Total time (years) spent in this occupation. 3212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potomac, Illinois13. NAME Joel Jennings14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) James R. Carter  
910 Main St. Alton, Ill.18. BURIAL, CREMATION, OR AUTOPSY  
Funeral Home PLACE St. Edwards DATE Apr 3, 193619. UNDERTAKER (ADDRESS) Robert H. Strecker  
221 Edwards St. Alton, Ill.20. FILED APR 3 1936 J. P. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1, 193622. I HEREBY CERTIFY, That I attended deceased from 3-5, 1936, to 4-1, 1936I last saw her alive on 4-1, 1936. Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

Pyloric Obstruction  
Cholecystitis, chronic  
Cholelithiasis  
obstruction due to  
gallstone

Other contributory causes of importance:

PeritonitisName of operation Gastroenterostomy of 2-14-36What test confirmed diagnosis? Op. Was there an autopsy? No

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? No

If so, specify.....

(Signed) E. M. Bricker, M. D.(Address) BARNES HOSPITAL

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.

AFFIDAVIT—Short

#3607

STATE OF ILLINOIS }  
County of Madison }

ss.

James R Carter

being duly sworn on his oath deposes and says that he resides at 910 Main Street  
in the City of Alton, Illinois

That he is the Husband of Marabel A Carter who died April 1 1936  
at Barnes Hospital in the City of St Louis Mo Under the Name of  
Mrs Marbel Carter. That the Name is Not Correct and that He Makes this  
Affidavit for the Purpose of Correcting her Name to Read Marabel A Carter so  
he can Get a Death Certificate under the Proper Name and in that Way  
Make a Change of Beneficiary in his Insurance Policies.

and further this deponent sayeth not.

Signed James R Carter (SEAL)

SUBSCRIBED AND SWORN TO before me 8th day of September A. D. 1936

My Commission Expires April 2, 1938  
309 Belle Street Alton Illinois.

Notary Public.

1938

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.

SUPPLEMENTARY

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City..... (No. Barnes, Hospital)

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

File No.....  
 Registered No. 3607  
 St..... Ward.....

**2. FULL NAME** Marabel A Carter

(a) Residence, No..... St..... Ward.....  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> Female	<b>4. COLOR OR RACE</b> White	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (Write the word) Married.		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> James R.				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b>				
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>If LESS than 1 day, hrs. or min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>			
				<b>11. Total time (years) spent in this occupation</b>
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>				
<b>FATHER</b>	<b>13. NAME</b>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>			
<b>17. INFORMANT (ADDRESS)</b>				
<b>18. BURIAL, CREMATION, OR REMOVAL</b>				
PLACE..... DATE..... 19.....				
<b>19. UNDERTAKER (ADDRESS)</b>				
<b>20. FILED</b> <u>9/15</u> 19 <u>26</u> <u>J. L. Prudect</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 4/1/36, 1936

**22. I HEREBY CERTIFY**, That I attended deceased from....., 19....., to....., 19.....  
 I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset

Other contributory causes of importance:

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

**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)....., M. D.  
 (Address).....