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.

JUN 29 1937

1. PLACE OF DEATH
County St. Louis — Registration District No. 1170 — File No. 21410
Township Jefferson — Primary Registration District No. 6248-H. — Registered No. 116
City Richmond Heights (No. St. Mary's Hospital St. Ward)

2. FULL NAME Earleen Beatrice Carter
(a) Residence, No. 4255 McPherson Avenue St., 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: 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) April 8, 1937

7. AGE — YEARS: — MONTHS: 1 — DAYS: 1 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER
13. NAME Earl Hadley Carter
14. BIRTHPLACE (CITY OR TOWN) Lodi (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Geneva Wheeling
16. BIRTHPLACE (CITY OR TOWN) Greenville (STATE OR COUNTRY) Mo.

17. INFORMANT Earl Carter (ADDRESS) 4255 McPherson

18. BURIAL, CREMATION, OR REMOVAL tp Lodi, Mo.
PLACE DATE May 11, 37

19. UNDERTAKER A. N. McLaughlin (ADDRESS) 2301 Lafayette Ave.

20. FILED May 10, 1937. Sam A. Bassett, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1937, to May 9, 1937
I last saw he alive on May 9, 1937 Death is said to have occurred on the date stated above, at 10:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia -	
no specific type	May 1
Other contributory causes of importance:	
Toxemia	May 1

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? no.
If so, specify .....
(Signed) George H. Brecker M.D.
(Address) St. Mary's Hospital