DEC 13 1937

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

39745
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 10732

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St Louis Mo.
(d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ernest Carter.
(a) Residence, No. 3425 No. Wharf. St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) Aug. 12 1907

7. AGE: Years 30 | Months 3 | Days 3 | If LESS than 1 day, hrs. or min.
37

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. "
10. Date deceased last worked at this occupation (month and year) 11/12/37
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Sam Carter.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loyce Florida.

MOTHER
15. MAIDEN NAME Elizabeth Maynord.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Southport Flordia.

17. INFORMANT Sam Carter.
(ADDRESS) 3425 No Wharf.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cem. DATE 11/20/37, 19

19. FUNERAL DIRECTOR CENTRAL UNDERTAKING CO.
(ADDRESS) 1841 Cass ave

20. FILED NOV 20 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) on 11/15/37, 19

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 1:05 A.M.
The principal cause of death and related causes of importance were as follows:

External Haemorrhage due to amputated right leg, suffered when run over by train on Wabash Right of Way, on Second Street, near Palm St, about 5:00 A.M. November 13th, 1937.

Date of onset

Other contributory causes of importance:

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? Accident Date of injury 11/13/, 19 37
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.
In Public Place.
Manner of injury See Above.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Alfred Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)