DEC 28 1937

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

Do not use this space. 42387

1. PLACE OF DEATH
(a) County St. Louis. Registration District No. 788
(b) Township City Primary Registration District No. 4471 Registered No. 106
(c) City Webster Groves (d) Street No. #515 Newport 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 Robert Lee Carter.
(a) Residence, No. #515 Newport St.
(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): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily J. Carter.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1860
7. AGE: About 77 yrs. (Years / Months / Days / If LESS than 1 day, ...hrs. or ...min.)

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchburg, Va.

FATHER
13. NAME Madison Carter.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

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

17. INFORMANT Mrs Virginia Brand
(ADDRESS) #515 Newport.
18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~
PLACE Valhalla Crem. DATE Nov. 13 1937
19. FUNERAL DIRECTOR C. R. Lupton & Son
(ADDRESS) #4449 Olive St.
20. FILED 11-12- 1937 Jules R. Yore
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10th 1937
22. I HEREBY CERTIFY, That I attended deceased from Sep 1 1937, to Nov 9 1937
I last saw him alive on Nov 6 1937. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (rt)	Aug 1937

Other contributory causes of importance:

Name of operation SJN Date of
What test confirmed diagnosis? Phys Ex 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) Ralph Russella M. D.
(Address) 415 Beaumont Bldg

(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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, J. T. Lupton, Licensed Embalmer No. # 2122

hereby certify that the body recorded on the reverse side of this certificate was embalmed by T. A. Miller

L. E.

No. # 2901, or by, Registered Apprentice No.

working under my personal supervision.

Signed J. T. Lupton.

Licensed Embalmer No. 2122.

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.)