

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43481
Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791 /
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **2601** **N Whittier** St. **11731**
 (e) Length of residence in city or town where death occurred **45** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **William Carter**
 (a) Residence, No. **921a N. 14** St. **25**
 (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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1, 1872**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 11 15
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**
 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) **Missouri**

13. NAME **Carter ?**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

15. MAIDEN NAME **Mary ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Evelyn Hilliard**
 (ADDRESS) **2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Washington Park** DATE **12-21** 19**37**

19. FUNERAL DIRECTOR **Washington Funeral Home**
 (ADDRESS) **3100 Easton**

20. FILED **DEC 21 1937**
J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 16** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 13** 19**37** to **Dec. 16** 19**37**
 I last saw him alive on **Dec. 16** 19**37**. Death is said to have occurred on the date stated above, at **12:35** m. **a.m.**
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis

Date of onset **12/13/37**

Other contributory causes of importance

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** 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) **A. L. Lewis** M. D.
 (Address) **2601 N Whittier**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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, Chas. Gaines Licensed Embalmer No. 2349

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 Chas. Gaines

Licensed Embalmer No. 2349

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.)