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

REC'D MAR 14 1938

Do not use this space. 5369

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 2014
(c) City St. Louis, Mo. (d) Street No. City Sanitarium 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 37 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dea Carter, 636
(a) Residence, No. 4310 Cook Ave. St. 11
(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Seperated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Birdie Carter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-12-1881
7. AGE: YEARS 56 MONTHS 2 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

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.: Steel Foundry
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Memphis Tennessee

FATHER
13. NAME: Wesley Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mississippi

MOTHER
15. MAIDEN NAME: Sallie Thomason
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mississippi

17. INFORMANT (ADDRESS): Herbert P Smith MD 5400 Arsenal St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 2/26 1938
19. FUNERAL DIRECTOR (ADDRESS): Lee J. Sneed 2812 Thomas St
20. FILED FEB 25 1938 19.. J. P. Brilick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-23-1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-13-1936, 19.., to 2-23-38, 19..
I last saw him alive on 2-23-1938, 19.. Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	2-20-38
~~Chronic Myocarditis~~	~~4-1936x~~
~~Gen Paresis~~	~~4-1936x~~

Other contributory causes of importance:
Chronic-Myocarditis 4-1936
Gen Paresis 4-1936x

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Herbert P Smith MD, M. D.
(Address) 5400 Arsenal St

(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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, R. R. Houston Jr, Licensed Embalmer No. 2266

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed R. R. Houston Jr

Licensed Embalmer No. 2266

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.)