

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

4994
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **Saint Louis** (d) Street No. **4305 Enright Avenue** 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 **30 yrs. 11 mos. 27 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Helen Walker Carter**

(a) Residence, No. **4305 Enright Avenue** St. **11** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Andrew Carter**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **February 21, 1908**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 11 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**
 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. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)..... **Saint Louis** 0
 (STATE OR COUNTRY) **Missouri** 1

FATHER 13. NAME **Lemuel Walker**
 14. BIRTHPLACE (CITY OR TOWN)..... **Chicago** 1
 (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Clara Eaton**
 16. BIRTHPLACE (CITY OR TOWN)..... **Unavailable**
 (STATE OR COUNTRY) **Alabama**

17. INFORMANT **Julian Walker**
 (ADDRESS) **4305 Enright Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Saint Peters** DATE **Feb. 22, 1939**

19. FUNERAL DIRECTOR (NAME) **Charles J. Gates**
 (ADDRESS) **4107 Finney Avenue**

20. FILED **FEB 21 1939** **J. B. Bredt**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 18, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **January 22nd, 1939, to February 18th, 1939**

I last saw her alive on **February 18th, 1939** Death is said to have occurred on the date stated above, at **6:20 p. m.**

The principal cause of death and related causes of importance were as follows:

Amnesia
Lateral Sclerosis 4/11/39
 Date of onset
 Other contributory causes of importance:
None

Name of operation **"Cure"** Date of.....
 What test confirmed diagnosis? **Cure** Was there an autopsy? **X.O.**

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 **Lemuel Walker** M. D.
 (Signed) **Lemuel Walker**
 (Address) **2340 1/2 Market Street,**

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

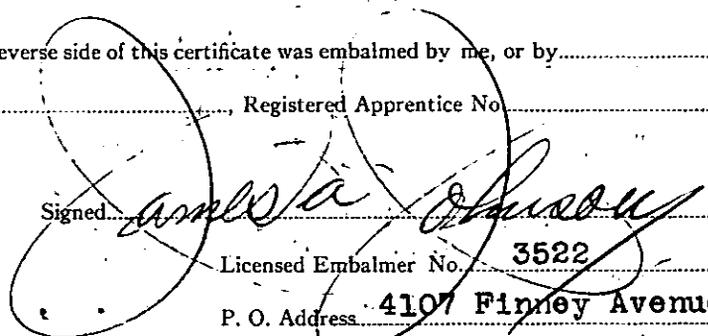
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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.)

if this body is not embalmed, above space should be left blank.