

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.

1939 MAY 10

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

Do not use this space.

791  
1008

13401

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City, St. Louis (No. Homey Phillips Hospital St.          Ward         )

File No. 3743  
Registered No.         

2. FULL NAME Johnnie Lee Carter  
(a) Residence, No. 2708 Dayton St. 21 Ward           
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Carter  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26-1913  
7. AGE YEARS 25 MONTHS 7 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.           
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-17th-1939  
22. I HEREBY CERTIFY, that I attended deceased from April-10th-1939 to April-17th-1939  
Last saw          alive on April-17th-1939 Death is said to have occurred on the date stated above, at 6:00 p.m.  
The principal cause of death and related causes of importance were as follows:

Double Lobar Pneumonia  
108  
Date of onset April 10th 1939  
Other contributory causes of importance: Exposure to cold

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Ark.  
13. NAME John Readus  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Ark.  
15. MAIDEN NAME Rosalee Kenkell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Center Ala.  
17. INFORMANT Clarence Carter  
(ADDRESS) 2708 Dayton St.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 4-22-39  
19. UNDERTAKER (ADDRESS)           
20. FILED APR 22 1939

Name of operation..... Date of.....  
What test confirmed diagnosis? None 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) Clarence Williams Johnson M. D.  
(Address) 1046 N. Spindler Center

Elmer Young

No. 3371