

REC'D AUG 1 1939

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

26008
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson 3 Registration District No. 425
(b) Township Delaware 4 Primary Registration District No. 5580
(c) City or (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. moa. da.

2. PRINT FULL NAME

(a) Residence, No. 636 FERRY MARION CARTER St. 1513 E California Ave St Louis
(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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 11 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed
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) (STATE OR COUNTRY) St Louis Mo

13. NAME John Newton Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chippewa Del

15. MAIDEN NAME Sybil Regan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Edward Carter 1513 E California Ave St Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marcus Cem DATE 7/12/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. E. J. Selzer Lafayette Ave St Louis

20. FILED 9 Jul 39 Jessie A Tom Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 9 - 1939

I HEREBY CERTIFY, That I attended deceased from By holding Inquest July 9th, 1939
I first saw h. alive on 19..... Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Accidental drowning
in Big River at
Byrnesville, Mo. Creek

Other contributory causes of importance:
Drowned while swimming
50ft below the dam.

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 accident Date of injury July 9, 1939
Where did injury occur? Byrnesville, Mo. public place
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Drowning
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Frank Frazier, Coroner
(Signed) (Address) Festus, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John Ketterer

Licensed Embalmer No.....

2880

P. O. Address.....

St Louis Mo.

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.