DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 34239

Registration District No. 701 Primary Registration District No. Registrar's No. 8777

1. PLACE OF DEATH: 1003 REC'D NOV 13 1939
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ months (Specify whether years, months or days)
In this community 39 Years

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 316 Laurel Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Grace Allen Carter 636
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. (Month) 18th (Day) 1880 (Year)

8. AGE: Years 59 Months 7 Days 26 If less than one day hr. min.

9. Birthplace Farmington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Wm. Carter
13. Birthplace Van Beuran (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name Maria McCllaine
15. Birthplace Potosi (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature W. Frank Carter
(b) Address 265 N. Union
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-39 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Missouri
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.
19. (a) OCT 15 1939 (Date received by local registrar) (b) J. B. Buchek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14th year 1939 hour 11 50 minute a.m. M.
21. I hereby certify that I attended the deceased from June, 1939 to Oct 14, 1939 that I last saw her alive on Oct 14th, 1939 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinomatosis with metastasis to lungs and pericardium. | |
| Due to: Carcinoma of right ovary - | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: Carcinomatosis - | |

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature L. P. Gay (M. D. or other)
Address 737 University Club Bldg. Date signed 10/15/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19811

J P Gay
Je 5315
Je 9392
231 N. Vandeventer
2nd fl S.
11:00 AM

## 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 J. Wm Binkley

Licensed Embalmer No. 3653

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.**