DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27062

Registration District No. SEP 25 1940 791 Primary Registration District No. 1003 Registrar's No. 6958

1. PLACE OF DEATH:

(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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 914 A N Whittier (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Virgie Carter

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elmer Carter

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Oct. (Month) 26 (Day) 1899 (Year)

8. AGE: Years 40 Months 9 Days 18 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Dickerson

13. Birthplace Pilot Knob (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name Josephine Nelson

15. Birthplace Ste. Genevieve (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Henry Dickerson

(b) Address St. Mary's, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-16-40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 18 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1940 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from July 29, 1940 to August 14, 1940 that I last saw her alive on August 14, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	5 days
Due to: Carcinoma of Cervix	Indef
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 Ken A. Smart (M. D. or other)

Address 2601 N Whittier Date signed 8/15/40

(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.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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