

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

SEP 25 1940 791
Registration District No.

Primary Registration District No.

1003

Registrar's No.

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 Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 15 years
years, months or days)

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. 4447 Evans
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Margaret Carter L26

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col 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 August 12 1911
(Month) (Day) (Year)

8. AGE: Years 29 Months — Days 8 If less than one day hr. _____ min. _____

9. Birthplace Baltimore, Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Private family

11. Industry or business _____

12. Name John Carter

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Maggie James

15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hillie Smith

(b) Address 4447 E Evans Ave

17. (a) Burial (b) Date thereof 8/12/40
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director W. C. Gordon

(b) Address 2649 Welton Blvd
AUG 24 1940 (c) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1940 hour 12:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 5, 1940 to August 8, 1940;
that I last saw her alive on August 8, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Subdural Hematoma 1 mo
Spontaneous Subarachoid Hemorrhage 14 hrs

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Cerebral Hemorrhage

Duration
1 mo
14 hrs
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. J. McDowell (M. D. or other)
Address 2601 N Whittier Date signed _____

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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.....

William Claude Gordon....., Registered Apprentice No.....

working under my personal supervision.

Signed William Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Welmar

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.