

STANDARD CERTIFICATE OF DEATH

33965

Registration District No. _____

791

Primary Registration District No. _____

1003

State File No. _____

8662

Registrar's No. _____

NOV 16 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: _____
339 N. Taylor Ave. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community life
years, months or days)

3. (a) PRINT FULL NAME ANNIE PITMAN GLANVILLE CARTER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward Lee Carter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 29, 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Stephens Glanville

13. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Annie Pitman

15. Birthplace St. Charles County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Louise Carter

(b) Address Hotel Avalon, 339 N. Taylor

17. (a) Burial (b) Date thereof Oct. 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery Kirkwood, Mo.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) OCT 21 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
 (d) Street No. 339 North Taylor Av.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Tenth day 19th
 year 1940 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from September 22
1940, 19____, to Oct 19, 1940;
 that I last saw her alive on Oct 19 1940, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure, no definite heart disease
 Due to Senile changes

Due to _____
 Other conditions 162
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

Duration

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 Charles N. Duder (M. D. or other) _____
 Address 3120 Washington ave Date signed Oct 19 1940

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.....

Albert E. White

Registered Apprentice No. *209*

working under my personal supervision.

Signed

Joe E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

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

If this body is not embalmed, fact should be so stated above.