

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34030

State File No.

8727

Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1800 Goode Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 7 years
years, months or days)

3. (a) PRINT FULL NAME Caroline Carter
(b) If veteran, name war _____ (c) Social Security No. None

4. Sex F 5. Color or race C. 6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Frank Carter 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 10 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 7 Days 7 If less than one day
hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business _____

12. Name White
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. F. Carter Jr.

(b) Address 1800 Goode Ave

17. (a) Burial (b) Date thereof Oct. 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

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

(b) Address 2449 Delmar Blvd

19. (a) OCT 23 1940 (b) J. F. Greich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. 1800 Goode Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17th
year 1940 hour 2 minute 15 p.m.

21. I hereby certify that I attended the deceased from August
1, 1940 to Oct. 17, 1940
that I last saw her alive on October 17, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion

Due to Valvular heart disease

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 1

23. Signature W. J. Christian (M. D. or other) _____

Address 11 N. Jefferson Date signed 10/20/40

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

4228

4228

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 _____

W. Claude Gordon _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. 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.