584
No. 2
4-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40693
10464

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County 1
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 Days (Specify whether years, months or days)
In this community

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. 112 S. Fourth St 25
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph Carter
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 63			hr. min.

9. Birthplace Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Retired 9
11. Industry or business Unknown
MOTHER FATHER
12. Name Unknown 9
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 Ann Morrison
(b) Address City Hospital Records
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery Missouri Crematory
18. (a) Signature of funeral director Peetz Brothers
(b) Address 3029 Lafayette Ave
19. (a) DEC 20 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18, year 1940 hour 1:40 minute P. M.
21. I hereby certify that I attended the deceased from November 23, 1940 to December 18, 1940 that I last saw him alive on December 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of stomach	
Due to	
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 M. M. Karl (M. D. or other)
Address 1515 Lafayette Ave. Date signed 12/18/40

(Licensed Embalmer's Statement on Reverse Side)

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: Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis Mo.

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

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