DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12680

FILED MAY 13 1941

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 3110

1. PLACE OF DEATH:

(a) County

(b) City or town: Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4342 West Belle Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County

(c) City or town: Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 4342 West Belle Pl.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Carter

3. (b) If veteran, name war: ----

3. (c) Social Security No. 459-09-9957

4. Sex: Male

5. Color or race: Negro

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

6. (b) Name of husband or wife: Sophia Carter

6. (c) Age of husband or wife if alive: 25 years

7. Birth date of deceased: January (Month) 9 (Day) 1914 (Year)

8. AGE: Years 27 | Months 2 | Days 25 | If less than one day hr. min.

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

10. Usual occupation: Custodian

11. Industry or business: Laclede Gas Co.

FATHER
12. Name: Unavailable
13. Birthplace: Unavailable (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Lena
15. Birthplace: (City, town, or county) Louisiana (State or foreign country)

16. (a) Informant: Sophia Carter
(b) Address: 4342 West Belle Place

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 4-9-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Beaumont, Texas

18. (a) Signature of funeral director: Charles J. Oates
(b) Address: 4107 Finney Avenue

19. (a) APR -9 1941 (Date received local registrar) (b) J. M. Bridrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th year 1941 hour 11:50 minute p.m. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion; Coronary Sclerosis. — Duration

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: Thomas J. Pallano (M.D. or other)
Address: Dogtown Avenue Date signed 4/8/41

(Licensed Embalmer's Statement on Reverse Side)

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

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

James Arthur Johnson, Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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, fact should be so stated above.