

No. 2  
1-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF LIFE CENSUS  
FILED NOV 24 1941  
791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33300  
Registrar's No. 8255

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5855 Washington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
St. Louis 17  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL") 05  
(d) Street No. 5855 Washington D  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15  
year 1941 hour 12.50 P.M. minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Oct  
14<sup>th</sup> 1941 to Oct 16<sup>th</sup> 1941  
that I last saw him alive on Oct 15<sup>th</sup> 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary  
Occlusion  
Due to Chronic Myocarditis  
Indefinite  
Due to \_\_\_\_\_

Duration  
Sudden  
PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged statistically.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

3. (a) PRINT FULL NAME Clyde Carter

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. Nil

4. Sex Male 5. Color or race White 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 January 9, 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 9 6 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name Luther Carter

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

14. Maiden name Frances Kollard

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

16. (a) Informant Frances Carter

(b) Address 5855 Washington

17. (a) Burial (b) Date thereof 10/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) OCT 17 1941 (b) J. F. Bredack  
(Date received for registration) (Registrar's signature)

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 Harris H. Meyer (M. D. or other)  
Address 4903 S. Delmar Date signed 10/17/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Henry Eymck*

Licensed Embalmer No.....

*1284*

P. O. Address.....

*St. Louis Mo.*

**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, fact should be so stated above.**