No. 2
9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28602

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7673

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: City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3Yrs 10 Mo. (Specify whether years, months or days)

In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED: 000 121 3 9-23

(a) State Missouri (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 1727 So. 2nd St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Emanuel Carter

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race C

6. (a) Single, widowed, married, divorced ? A

6. (b) Name of husband or wife

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

7. Birth date of deceased 1 (Month) 1 (Day) 1868 (Year)

8. AGE: Years 74 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER 12. Name Ben Carter

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

MOTHER 14. Maiden name Cyndia

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

16. (a) Informant M. Gealand

(b) Address 5800 Arsenal St.

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

(c) Place of burial or cremation Father Dixon Cemetery

18. (a) Signature of funeral director G. W. Bruce

(b) Address 1003 N Jefferson Ave

19. (a) SEP 15 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9 th. year 1942 hour 10:30 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 24th. 1938, to Sept. 9th, 1942 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Unknown	
Hypertensive vascular	
Due to disease	
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) No.

(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 Loren Blaney (M. D. or other) MD

Address 5600 Arsenal Date signed 9-11-42

(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~~ me

UN KNOWN

....., Registered Apprentice No. .....

working under my personal supervision.

UN KNOWN

Signed Clark Young

Licensed Embalmer No. 13371

P. O. Address [illegible]

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.