

S. No. 2
1-4-41
5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31806**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9168**

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Infant - 8 hrs
(Specify whether years, months or days) 7 hrs -

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 96
(c) City or town St. Louis County, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 302 Ballas -
(If rural, give location)
(e) Citizen of foreign country? + (Yes or No)
If yes, name country +

3. (a) PRINT FULL NAME

Baby Carter

3. (b) If veteran, name war -

3. (c) Social Security No. L

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 3
year 1942 hour 6 minute 2 A.M.
21. I hereby certify that I attended the deceased from 1942
19... to... 19...
that I last saw her alive on Nov. 2nd 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart?
Due to...
Due to... 157
Other conditions (Include pregnancy within 3 months of death) -

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

4. Sex Female / 5. Color or race W.
6. (a) Single, widowed, married, divorced -

6. (b) Name of husband or wife -
6. (c) Age of husband or wife if alive + years

7. Birth date of deceased 11 2 1942
(Month) (Day) (Year)

8. AGE: Years - Months + Days +
If less than one day 1 hr. 45 min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Mr. Garrison Carter
13. Birthplace St. Louis Mo - O
(City, town, or county) (State or foreign country)
14. Maiden name Bertrude Ponders
15. Birthplace Perryville Mo - O
(City, town, or county) (State or foreign country)

16. (a) Informant A. Zmieda Landasky, R.N.
(b) Address Lutheran Hospital

17. (a) BURIAL (b) Date thereof 11/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet

18. (a) Signature of funeral director J. P. Fendley
(b) Address 7128 W. Chicago St.

19. (a) NOV 3 1942 (b) J. F. Pender
(Date received local registrar) (Registrar's signature)

Major findings: Of operations -
Of autopsy requested but not granted

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 J. B. Baskin (M. D. or other)
Address 6022 Wick Date signed 11/3/42

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

MOTHER FATHER

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.....

not embalmed
..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.