

S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 13 1942

Registration District No. **310**

Primary Registration District No. **3058**

Registrar's No. **402**

1. PLACE OF DEATH:
(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph Hospital**
(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 **St. Charles**
(c) City or town **St. Charles**
(If outside city or town limits, write "RURAL.")
(d) Street No. **St. Joseph Hospital**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Claude May Carter**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

20. DATE OF DEATH: Month **October** day **13**
year **1942** hour **6** minute **50 A** M.

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 **February 11 1942**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **October 7 1942** to **October 13 1942**;
that I last saw him alive on **Oct 12 1942**;
and that death occurred on the date and hour stated above.

8. AGE: Years **50** Months **8** Days **2** If less than one day hr. _____ min. _____

Immediate cause of death **Uremia** Duration **3 wks**
Due to **chronic nephritis** **1 yr?**

9. Birthplace **New Smelle Mo**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **131 lb**
Major findings: **—**
Of operations **—**
Of autopsy **—**

10. Usual occupation **Farm Hand**

11. Industry or business _____

MOTHER FATHER
12. Name **Charles J. Carter**
13. Birthplace **New Smelle, Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Cecilia Stanslip**
15. Birthplace **O. Fallon, Mo**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Charles Carter**
(b) Address **Duquoin, Mo**

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? _____

17. (a) **Burial** (b) Date thereof **Oct. 16-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peter's Cem, St. Charles, Mo**

18. (a) Signature of funeral director **H. C. Dellmeyer & Sons**
(b) Address **801 N. Second, St. Charles, Mo**

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

19. (a) **10-15-42** (b) **Clarence G. Weasler**
(Date received local registrar) (Registrar's signature)

23. Signature **George E. Fisher** (M. D. or other) **MD**
Address **St. Charles, Mo** Date signed **10/16/42**

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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 John E. Dallmeyer
Licensed Embalmer No. 295-1
P. O. Address St Charles 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.