S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4021

State File No. 2090

Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

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

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: Peoples Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours (Specify whether years, months or days)
In this community 45 years

2. USUAL RESIDENCE OF DECEASED: 000 17 9 11

(a) State Missouri (b) County .....

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

(d) Street No. 1800 Goode Avenue
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank A. Carter

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

3. (c) Social Security No. None

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Ella Carter

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased September (Month) 30th. (Day) 1871 (Year)

8. AGE: Years 71 Months 5 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Charleston, (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation Mail Clerk

11. Industry or business Retired

FATHER
12. Name Reuben Carter
13. Birthplace Unavailable, (City, town, or county) Texas (State or foreign country) 1

MOTHER
14. Maiden name Carrie White
15. Birthplace Unavailable, (City, town, or county) Texas (State or foreign country) 1

16. (a) Informant Ella Carter
(b) Address 1800 Goode Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/1943 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Gates Funeral Home
(b) Address 4107 Finney Avenue

19. (a) MAR 3 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1, year 1943 hour 9 minute 05 P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1942 to March 1, 1943 that I last saw him alive on March 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Heart Dis.

Due to Arteriosclerosis

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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 A. N. Vaughn (M. D. or other)
Address 11 North Jefferson Date signed 3/3/1943

(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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 North Taylor Ave

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.