

FILED

AUG 18 1943 318

7163

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1918 Cora Avenue /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 911  
(If outside city or town limits, write "RURAL")

(d) Street No. 1918 Cora Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME Caroline Carter

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6  
year 1943 hour 6 minute 50 P.M.

4. Sex Fem 5. Color or Race Col 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Doug Harold 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased January 10, 1852  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 23, 1943 to Aug 7, 1943 that I last saw her alive on Aug 6, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>91</u>	<u>6</u>	<u>26</u>	hr. _____ min.
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Immediate cause of death Palovular Heart Disease 1 1/2

Due to No specific cause 1 1/2

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

Other conditions None  
(Include pregnancy within 3 months of death)

10. Usual occupation Nil

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

Major findings: Of operations \_\_\_\_\_

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Jane (Unk)

15. Birthplace Virginia 1  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant James W. Berry

(b) Address E. St. Louis, Illinois

17. (a) Burial (b) Date thereof 8/9/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclode Avenue

19. (a) AUG 9 1943 J. J. Brudeak  
(Date received by local registrar) (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)

23. Signature Samuel Stafford (M. D. or other) 9/18/43  
Address 925 N. Jefferson Date signed 9/18/43

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

**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

*W. M. Green*

Licensed Embalmer No.

*1173*

P. O. Address

*3517 S. Larch 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.**