

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

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29269 07

State File No. ....

FILED AUG 21 1943

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 1860

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Marine 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..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town Kirkwood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1051 Couch Ave  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William Porter Carter

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 494-05-3859

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hallie Carter 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sept 28 1897  
(Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 14 If less than one day  
hr. min.

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

10. Usual occupation Tinner

11. Industry or business.....

MOTHER FATHER

12. Name Chester Carter

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

14. Maiden name Frances Gadsy

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

16. (a) Informant Mrs. Hallie Carter

(b) Address 1051 Couch Ave. Kirkwood, Mo

17. (a) Burial (b) Date thereof..... (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Louis H. Bopp Inc.  
(b) Address Kirkwood, Mo

19. (a) AUG 14 1943 (b) [Signature]  
(Date of issue) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1943 hour 10:25 minute 40 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration

Due to Advanced occluding coronary sclerosis.

Due to.....

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

Major findings: Of operations..... Of autopsy Yes. PHYSICIAN [Signature]  
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?.....  
While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Louis H. Bopp (M. D. or other) Coroner  
Address Kirkwood, Mo. 8-13643 Date signed.....

EX-17-1043

SEP 10 1943

**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 *Felix Durand*.....

Licensed Embalmer No. *3034*.....

P. O. Address *Kirkwood 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.**