

No. 2  
1-2-43  
5-17-39  
X3597

State File No. ....

FILED JAN 3 1948  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10802

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:  
City Hospital #1 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs.  
(Specify whether

In this community .....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

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

(d) Street No. 3834 N. Wharf St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Edith V. Carter

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th  
year 1943 hour 4:30 minute AM M.

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

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

7. Birth date of deceased April 9, 1874  
(Month) (Day) (Year)

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

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

69	7	28	hr. min.
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Immediate cause of death Cerebral Hemorrhage  
Duration .....

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

10. Usual occupation At home

Due to .....

Due to .....

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

11. Industry or business .....

MOTHER FATHER { 12. Name James Johnson

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

14. Maiden name Jennie Johnson (no relation)

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

Major findings:  
Of operations .....

Of autopsy .....

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

16. (a) Informant Clarence C. Melvin  
(b) Address 5612 Sunbury Ave Jennings Mo

17. (a) Burial (b) Date thereof 12/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) DEC 8 1948 J. F. Bradach  
(Date received 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?  
(Specify type of place)

While at work? ..... (b) Means of injury .....

23. Signature James F. Bradach (M. D. or other) .....  
Address 1306 E. 2nd Date signed 12/10/43

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

*Emb. done separate cert to be filed.*

**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.....

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.**