

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED FEB 11 1944 318

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH 1003

157
 State File No. 1117
 Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (c) Name of hospital or institution St. Mary's Infirmary
 (d) Length of stay: In hospital or institution 50 years
 In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
 (c) City or town St. Louis
 (d) Street No. 1209 Armstrong
 (e) Citizen of foreign country? No
 If yes, name country 0

3. (a) PRINT FULL NAME ANDREW BANNISTER CARTER

3. (b) If veteran, name war 3. (c) Social Security No. 188-07-4148

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

6. (b) Name of husband or wife Therese Carter 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased OCT. 13 1887

8. AGE: 56 Years 57 Months 17 Days 15 hr. min.

9. Birthplace Luzerne, MO

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
 12. Name ANDREW CARTER
 13. Birthplace LA. MO
 14. Maiden name PARTHENIA RICHMOND
 15. Birthplace LA. MO

16. (a) Informant Therese Carter

(b) Address 1209 Armstrong Ave

17. (a) Burial (b) Date thereof Feb. 4 1944

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Thomas Smith

(b) Address 1209 Armstrong Ave

19. (a) FEB 4 1944 (b) J. S. Foredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 30
 year 1944 hour 12:20 minute 0 M.

21. I hereby certify that I attended the deceased from 1-2, 1944 to 1-30, 1944
 that I last saw him alive on 1-30, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia Duration 28

Due to Hypertrophy of Prostate Gland

Other conditions (7m. independent)

Major findings: Prostatic Abscess / 108
 Of operations 108
 Of autopsy

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) 0
 (b) Date of occurrence
 (c) Where did injury occur?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury 0
 23. Signature Therese Carter (M.D. or other)
 Address 2328 Marcell Date signed

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.....

William C. McDowell

Registered Apprentice No.

working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

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.