

0-2
5-43
17-39
X36671

FILED MAR 6 1944
Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DePaul Hospital... 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME DOLLY L. CARTER.

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

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Robert W. Carter. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb'y 24, 1858.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86. 0. 3. hr. min.

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

10. Usual occupation At Home.

11. Industry or business.....

MOTHER FATHER { 12. Name James Lindsay.
13. Birthplace (unknown), Virginia.
(City, town, or county) (State or foreign country)
14. Maiden name Geraldine Peck.
15. Birthplace (unknown), New York.
(City, town, or county) (State or foreign country)

16. (a) Informant Clark H. Way.
(b) Address 605 Clara Ave.,

17. (a) Cremation. (b) Date thereof 2/29/44.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address #7233 Delmar Bly'g.

19. (a) FEB 29 1944 (Date received local registrar) J. F. Bredenk (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State New York. (b) County 999
(c) City or town Port Washington, L. I. 30 NR.
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb'y day 27th
year 1944. hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 27
1944 and that death occurred on the date and hour stated above.
that I last saw him alive on Feb. 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 6 wks.

Due to ad. scler. heart disease.

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations NR.
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).....
(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?

23. Signature J. F. Bredenk (M. D. or other) MD.
Address 401 Hunnicks St. Date signed 2/29/44
While at work? (Specify type of place) (b) Means of injury

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

844

Dr David B. Flaven.
Humboldt Bld'g., (NE:1255)
Res: 6238 Pershing Ave., (DE:1541).

1 to 4 P.M.

1986

1986

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 Clarence H Murray
Licensed Embalmer No. 4011
P. O. Address St. Louis, 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.