

FILED MAR 20 1944

Registration District No. **318**

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

Registrar's No. **2416**

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:  
3724a Vest Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 Years  
years, months or days

3. (a) PRINT FULL NAME Richard Cloyde R. Carter

3. (b) If veteran, name war World War No. 1 3. (c) Social Security No. 315-09-1459

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rev. Nelle Carter 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased May 2 1883  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 10 9 hr. min.

9. Birth place Decatur Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Car inspector

11. Industry or business Terminal R.R.

12. Name of informant Joel Wirt Carter

13. (a) Birth place Whitehall Ill.  
(City, town, or county) (State or foreign country)

(b) Maiden name Hannah Darling

(c) Birth place Roodhouse Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Nelle Carter (wife)

(b) Address 3724a Vest Ave.

17. (a) BURIAL (b) Date thereof 3/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATL. CEM. JEFF. BRKS. Mo

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) MAR 13 1944 (Date received local registrar) (b) J. F. Bruden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3724a Vest Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11  
year 1944 hour 6:59 minute xx P.M.

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.

Immediate cause of death \_\_\_\_\_

Coronary Occlusion  
94

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Thomas F. Callahan (Physician) or other \_\_\_\_\_  
Address Deputy Coroner Date signed 3-17-44

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

MOTHER FATHER  
Care of J. F. Bruden  
3724a Vest Ave.

**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..... *Alfred J. Boeleker*

..... Licensed Embalmer No. *2663*

..... P. O. Address. *5934 Alpha*

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri  
City St. Louis } ss.  
County of \_\_\_\_\_

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2416

On this 26 day of May 1944, before me appears.....

Nellie Carter, who, upon her oath, states that the original record of ~~XXXXXX~~ death

for Cloyde Richard Carter ~~XXXX~~ <sup>died</sup> March II-1944, 19....., in the State of Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 3 should read Cloyde Richard Carter

Instead of..... MRS. Cloyde R. Carter

Item No. I6a should read Rev. Nellie C arter

Instead of..... Rev. Nelle Carter

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant. Mrs Nellie Carter ~~XXXXXX~~ <sup>Wife</sup> Relationship.

3503.7 3924 West Ave  
25th St  
Present Address.

Subscribed and sworn to before me this 26 day of May, 1944.

My Commission expires March 25th day of May, 1944.  
Earl Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

*Amended 5-26-44*

8800