

FILED MAY 15 1944

Registration District No. **348**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1425a Leffingwell Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **70 years** (Specify whether years, months or days)

In this community **70 years**

3. (a) PRINT FULL NAME **Hardy Bedford Carter**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **late Anna Carter**

6. (c) Age of husband or wife if alive **17** years **1855**

7. Birth date of deceased: **Dec.** **17** **1855**
(Month) (Day) (Year)

8. AGE: **65** **8** **4** **15**
Years Months Days

If less than one day **hr.** **min.**

9. Birthplace **Ky. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mattress Co.**

11. Industry or business

12. Name **Henry Carter**

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

14. Maiden name **Mary Ann Mathues**

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

16. (a) Informant **Harold B. Carter**

(b) Address **1425a N. Leffingwell**

17. (a) **Burial** (b) Date thereof **5-4-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Louisville, Ky.**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **MAY 3 1944** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **17**

(c) City or town **St. Louis** **921**
(If outside city or town limits, write "RURAL")

(d) Street No. **1425a Leffingwell Ave.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **2nd.**
year **1944** hour **7:45 PM** minute **M.**

21. I hereby certify that I attended the deceased from **June 1943** to **May 2 1944**
that I last saw him alive on **May 2 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary embolism**

Due to **Myocardial Infarction**

Due to **Senility**

Other conditions **Hypertensive heart disease**
Arteriosclerosis
(Include pregnancy within months of death)

Major findings: **92**

Of operations

Of autopsy

Duration

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 **Am. Hall** (M. D. or other)

Address **2416 E. Grand** Date signed **5/3/44**

Dr. Kralt - 2416 N. Grand

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..... *John P. Buchholz*

Licensed Embalmer No..... *1674*

P. O. Address..... *2223 St. Louis Ave*

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.