. S. No. 2
00M—2-43
ev. 5-17-39
P I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35736

Registrar's No. 10063

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
712 a Carr Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 712 a Carr Street 25
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME HATTIE BURGE CARTER

3. (b) If veteran, name war --

3. (c) Social Security No. 497-20-1630

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife John Carter

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 21, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
49	8	1	-- hr. -- min.

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

10. Usual occupation Dish-washer

11. Industry or business ---

FATHER
12. Name Curran Burge
13. Birthplace Nashville, Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lizzie Boler
15. Birthplace Edwardsville, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Curran Burge, Jr.
(b) Address 4200 a Enright Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/44
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) NOV 27 1944 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd
year 1944 hour 1: minute 35 A. M.

21. I hereby certify that I attended the deceased from 11-16-44
11-22, 1944, to 11-22, 1944
that I last saw her alive on 11-22, 19
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Ant. Endocarditis 30 days

Due to

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

Major findings:
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 44

Address 3047 a Easton Avenue Date signed 11/23/

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.