

FILED DEC 29 1944 818

Registration District No. **194818**

Primary Registration District No. **1003**

Registrar's No. **10857**

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 De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bobby Boy 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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years 12 9 44
7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name UNKNOWN
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Carter, Martha ANN
15. Birthplace Belleville (City, town, or county) (State or foreign country)

16. (a) Informant Carter, Martha ANN

(b) Address Belleville Ill R.R. #1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Dec 21 1944 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director [Signature]

(b) Address 4386 Grand
19. (a) DEC 20 1944 (Date received local registrar) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 999
(c) City or town Belleville (If outside city or town limits, write "RURAL") 11
(d) Street No. R.R. #1 (If rural, give location) NR
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1944 hour 8:20 AM M.
21. I hereby certify that I attended the deceased from Dec. 9 1944 to Dec. 20 1944
that I last saw him alive on Dec. 19 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 157

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)
(e) Means of injury
23. Signature J. W. [Signature] (M. D. or other) White
Address 4500 Olive Date signed 12/20/44

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.....

W. Embalm

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Clement McNeary

Licensed Embalmer No..... *3732*

P. O. Address..... *St. Louis*

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.