S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 17 1945

Registration District No. 397

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18029

Primary Registration District No. 6076

Registrar's No. 874

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. Feb. 1, 1944 (Specify whether years, months or days)

In this community: since Feb. 1, 1944

2. USUAL RESIDENCE OF DECEASED: 449

(a) State: Illinois (b) County: 11

(c) City or town: Riverton (If outside city or town limits, write "RURAL")

(d) Street No.: R.R.#1 (If rural, give location)

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

If yes, name country: -

3. (a) PRINT FULL NAME: William F. CARTER

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: unknown

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March (Month) 9, (Day) 1893 (Year)

8. AGE: Years 52 | Months 1 | Days 0 | If less than one day: hr. min.

9. Birthplace: Riverton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Miner

11. Industry or business: -

MOTHER FATHER

12. Name: Wm. E. Carter

13. Birthplace: Unavailable (City, town, or county) (State or foreign country)

14. Maiden name: Catherine Garland

15. Birthplace: Virginia (City, town, or county) (State or foreign country)

16. (a) Informant: Clinical Records

(b) Address: Vet. Adm. Fac., Jeff. Brks., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: April 10, 45 (Month) (Day) (Year)

(c) Place: burial or cremation: Springfield, Illinois

18. (a) Signature of funeral director: C. Hoffmeister U.&L.Co.

(b) Address: 7814 S. Broadway

19. (a) APR 11 1945 (Date received local registrar) (b) E. B. McEwen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th, year 1945 hour 1:10 minute A. M.

21. I hereby certify that I attended the deceased from February 1, 1944 to April 9, 1945; that I last saw him alive on April 9, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
THROMBOSIS, CEREBRAL, BILATERAL.	Unknown
Due to: -	
Due to: -	
Other conditions: Coronary arteriosclerosis. (Include pregnancy within 3 months of death)	Unknown

836

Major findings:
Of operations: Amputation, left thigh, old, Jan. 16, 1945.
Of autopsy: Autopsy performed. See cause of death.

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): no

(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: E. V. EDWARDS, MAJOR, M.C. (M. D. or other)

Address: CLINICAL DIRECTOR. Date signed: 4/9/45.

(Licensed Embalmer's Statement on Reverse Side)

319
17-KS
707

MAY 19 1949

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.