S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7313

FILED MAR 13 1946

Registration District No. 318 Primary Registration District No. Registrar's No. 2111

1009

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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 hours (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gas
(c) City or town St. Louis 2117
(If outside city or town limits, write "RURAL")
(d) Street No. 1117 19th St 9
(If rural, give location) 10
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leonard Carter

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased October 28 1941
(Month) (Day) (Year)

8. AGE: Years 4 Months 4 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Child

11. Industry or business

MOTHER FATHER

12. Name John E. Carter

13. Birthplace Brownville (City, town, or county) Tenn. 1 (State or foreign country)

14. Maiden name Queenie Dickson

15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant John E. Carter
(b) Address 1117 N. 19th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/4/46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Ellis Fun., Home
(b) Address 2820 Stoddard St.

19. (a) MAR 1 1946 (Date received local registrar) O. F. Bardeen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28 year 1946 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb. 27 1946 to Feb. 28 1946 that I last saw him alive on Feb. 28 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Degenerative Brain Disease	Unk
Lobar Pneumonia	
Due to	
Due to	

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

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 0

23. Signature C. Hancock (M. D. or other)
Address 2601 N Whittier Date signed 3/1/46

(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 L Boyk

..... Registered Apprentice No. Ing

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 294

P. O. Address St Louis M

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.