

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

34996

State File No.

Registrar's No.

9256

FILED NOV 7 1946  
318

Registration District No.

Primary Registration District No.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County...  
(c) City or town... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No... 3101 Rutger St  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME William Carter, Jr.

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex m 2 5. Color or race Col 6. (a) Single, widowed, married, (divorced) 3

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

7. Birth date of deceased 8 7 1925  
(Month) (Day) (Year)

8. AGE: Years 21 Months 2 Days 17 If less than one day hr. min.

9. Birthplace Yazoo City Miss  
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

12. Name Willie Carter

13. Birthplace Yazoo County Miss  
(City, town, or county) (State or foreign country)

14. Maiden name Birtha Hubbar

15. Birthplace Yazoo county Miss  
(City, town, or county) (State or foreign country)

(a) Informant Birtha Carter  
(b) Address 1309 221 Yazoo City Miss

17. (a) Buried (b) Date thereof 10/30/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Wood Cemetery

18. (a) Signature of funeral director Gus Lowe

(b) Address 2930 Dickson St.

19. (a) OCT 29 1946 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24  
year 1946 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 9-6 1946 to 10-24 1946  
that I last saw him alive on Oct. 24 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Rheumatic Heart Disease with Mitral Stenosis; Bacterial Valvulitis

Due to

Due to

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

Major findings:  
Of operations

Of autopsy Yes

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 E. B. Williams (M. D. or other)

Address 2601 N. Whittier Date signed 10/26/46

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

MOTHER FATHER

**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 *Arthur L. Herliard*

Licensed Embalmer No. *4221*

P. O. Address *1154 Bayard av*

**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.**