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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 238465

FILED NOV 25 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9709

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.  
(b) City or town St. Louis, Missouri.  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff  
(d) Length of stay: In hospital or institution 6 mos.  
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town 3400 N. Grand Memorial  
(d) Street No. 3400 N. Grand Memorial  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME JOHN A. CARTER

3. (b) If veteran, name war - 3. (c) Social Security No. 496-12-8432

4. Sex M - 5. Color or race W - 6. (a) Single, widowed, married, divorced S -

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

7. Birth date of deceased JULY 7 - 1884

8. AGE: Years 62 Months 4 Days 6 If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI

10. Usual occupation SALESMAN

11. Industry or business -

12. Name WILLIAM O. CARTER

13. Birthplace LIVERPOOL ENGLAND

14. Maiden name LILLIAN M. ZIEGE

15. Birthplace BETHLEHEM ILLINOIS

16. (a) Informant FRANK N. CARTER

(b) Address 6213 MURDOCK

17. (a) BURIAL (b) Date thereof 11/15/46

(c) Place: burial or cremation KALHALLA CEM.

18. (a) Signature of funeral director J. F. BULLOCK

(b) Address 7027 GRAYSON

19. (a) NOV 14 1946 (b) Registrar's signature J. F. BULLOCK

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13th year 1946 hour 10:50 minute A M.

21. I hereby certify that I attended the deceased from 6/7/46 to Nov. 13th 1946 that I last saw him alive on Nov. 13th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease and Gangrene of Right Leg

Due to - Due to -

Other conditions (Include pregnancy within 3 months of death) 92

Major findings: Of operations -

Of autopsy -

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) (e) Means of injury -

23. Signature Arthur R. Dalton M.D.

Address 1515 Lafayette 11/13/46 Date signed

PHYSICIAN Underline the cause to which death should be charged statistically.

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

*Emb separate cert filed*

NOV 14

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**