No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32395
Registrar's No. 9115

Registration District No. 318 Primary Registration District No. 1003

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3134 Franklin 9
(If rural, give location) 21 - 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Carter
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M
5. Color or race Col
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Unknown (Month) (Day) (Year)
8. AGE: Years abt-67 Months — Days — If less than one day hr. min.
9. Birthplace Blackland Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business —
MOTHER FATHER
12. Name Unknown
13. Birthplace " Miss. (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace " Miss. (City, town, or county) (State or foreign country)
16. (a) Informant Emma Carton
(b) Address 3134 Franklin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 2 47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director A. L. Beal Und Co
(b) Address 4308 Hazelman
19. (a) OCT 1 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26 year 1947 hour 1 minute 50 P.M.
21. I hereby certify that I attended the deceased from Sept. 20 1947 to Sept. 26 1947 that I last saw him alive on Sept. 26 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Undet.
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 of 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)
(e) While at work? (e) Means of injury
23. Signature Herbert J. Crum (M. D. or other)
Address 2601 N. Whittier Date signed 9/27/47

Jefferson City Printing Co.
(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.....

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

working under my personal supervision.

Signed Vara S. Wilson

Licensed Embalmer No. 4435

P. O. Address 2618 Bellefl

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.