. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35579

FILED OCT 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9598

1. PLACE OF DEATH:
(a) County St LOUIS MO.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St MARY O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 13 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ooo
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1730 Division, St. (If rural, give location) 9
25 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred Carter
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife IZEBELLA CARTER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) abt 1880 67 (Year)
8. Age 67 Years ~~1880~~ Months Days If less than one day hr. min.
9. Birthplace VAUGHN (City, town, or county) Miss (State or foreign country)
10. Usual occupation Price Worker
11. Industry or business
FATHER
12. Name John Carter
13. Birthplace Vaughn (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant BEATRICE BURNS
(b) Address 1730 Division St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Vaughn Miss
18. (a) Signature of funeral director Davis & Broom
(b) Address 1405 Biddle St
19. (a) OCT 16 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-13 day 1
year 1947 hour 12 minute 30 A. M.
21. I hereby certify that I attended the deceased from 9-1- 1947 to 10-13- 1947
that I last saw him alive on 10-13 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Degeneration	1946
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) 0
While at work? (e) Means of injury
23. Signature J. C. Sherard (M. D. or other) MD
Address 2702 Franklin Date signed 10-15-47

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 Chas. L. Hamell

Licensed Embalmer No. 245

P. O. Address 2834 Humble

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.