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

FILED OCT 8 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35581

Registrar's No. 9431

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

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. 4625 Farlin Avenue
(If rural, give location)
(e) Citizen of foreign country? No (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 Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Margaret Carter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased About 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months Days If less than one day hr. min.
Abt

9. Birthplace Greenville, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name William Carter
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johanna Walsh
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Blum
(b) Address 4625 Farlin Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Greenville, Ill.
18. (a) Signature of funeral director Mordell
(b) Address 1926 Allen Avenue
19. (a) OCT 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th year 1947 hour 3:20 minute P M.
21. I hereby certify that I attended the deceased from 10-4-47, 19..., to 10-10-47, 19...; that I last saw h... im alive on 10-10-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pul. Tuberculosis — Duration 7 years
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)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address 1515 Lafayette Date signed 10-10-47

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 .....

.....Me..... Registered Apprentice No.....

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.