FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39510

FILED NOV 23 1947 318

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 10166

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 5855 Washington Ave. (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. 5855 Washington Ave. (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Frances Carter
3. (b) If veteran, name war ____
3. (c) Social Security No. ____

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Luther
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased July 13, 1857 (Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace Keokuk (City, town, or county) Iowa (State or foreign country)
10. Usual occupation at home
11. Industry or business ____

MOTHER FATHER
12. Name Thomas Pollard
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Catherine Cadwallder
15. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant Hazel Carter Lahey
(b) Address 5855 Washington Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefountaine Cemetery
18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.
19. (a) NOV 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11 year 1947 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 21, 1946 to Nov 11, 1947 that I last saw he alive on Nov 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sclerosis of brain	Indefinite
Due to: Anterior sclerosis	Indefinite
Due to:	
Other conditions (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)
While at work ____ Means of injury ____

23. Signature Harry H. Meyer (M. D. or other)
Address 4903 Delmar Date signed 11-12-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

Mr Harry Morgan
4903 Richmond

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.