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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6167

Primary Registration District No. 1003

Registrar's No. 2399

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

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: #1 South Euclid 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 Mississippi 67

(c) City or town Anniston 0
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) ✓

If yes, name country

3. (a) PRINT FULL NAME Nellie S. Carter

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female ✓

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Thomas Carter

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

7. Birth date of deceased August (Month) 1 (Day) 1880 (Year)

8. AGE: Years 67 Months 7 Days 6 If less than one day hr. min. ✓

9. Birthplace New Madrid (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Mack Scneider
13. Birthplace (City, town, or county) Illinois ✓ (State or foreign country)

MOTHER
14. Maiden name Ida Wheeler
15. Birthplace (City, town, or county) Illinois ✓ (State or foreign country)

16. (a) Informant Dr. C. R. Lages
(b) Address #4 Ridgeline Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 9 1948 (Date received local registrar) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1948 hour 3 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 20, 1946, to ~~last~~ March 6, 1948; that I last saw her alive on March 6, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coma secondary to Cerebral arteriosclerosis (latter) — Duration ± 3½ yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Not done

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (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 0

23. Signature Alfred Fleishman (M. D. or other)

Address 402 N. Taylor Date signed March 9 1948

(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 Ernest W. Spillar

Licensed Embalmer No. 4080

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.