No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13938 3654

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

WRITE PLAINLY—USING 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: Peoples Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 600
(a) State Missouri (b) County
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3104 Cass Ave. 9
(If rural, give location)
(e) Citizen of foreign country? 11 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marviline Carter.
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 5, 1894.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	7	9.	hr. min.

9. Birthplace Huntsville, Alabama. 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business Home
FATHER
12. Name Charles Fulgham 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
16. (a) Informant Robert Randol
(b) Address 3104 Cass Ave.
17. (a) Burial (b) Date thereof 4/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.
18. (a) Signature of funeral director C.W.Roberts
(b) Address 1416 N.Taylor Ave.
19. (a) APR 1 4 1948 (b) J.F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14
year 48 hour 8 minute 9. M.
21. I hereby certify that I attended the deceased from Dec. 15th, 1947, to 4/, 1948;
that I last saw her alive on 4/13/48, 19..;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Breast Metastases To Lungs	10 M
Due to	
Due to 50	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Adenocarcinoma Breast
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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature William H. Linkler (M. D. or other) MD
Address 4503 Page Date signed 4/15/48

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.....Annie Roberts

Licensed Embalmer No.....4439

P. O. Address.....1416 N. Taylor

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.