. S. No. 300
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3068

State File No. 14876

Registrar's No. 1013

**1. PLACE OF DEATH:**

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7169 Lyndown Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7169 Lyndown Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dee Carter

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W.H. Carter

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

7. Birth date of deceased June 5, 1863 (Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation House work

11. Industry or business

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

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

16. (a) Informant Mollie Carter
(b) Address 7169 Lyndown Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Piedmont, Missouri.

18. (a) Signature of funeral director Math Hermann & Son, Inc
(b) Address 2161 East Fair Ave

19. (a) 4-20-48 (Date received local registrar) (b) Cecil J. Sharp MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 18th year 1948 hour 1:05 P.M. minute M.

21. I hereby certify that I attended the deceased from July, 1935, to April 18, 1948; that I last saw her alive on April 18, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cardiac decompensation | 4 days |
| Due to: Cardiac Hypertrophy + Hypertension | 5-6 yrs |
| Due to: 95 C | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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)
(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 Fred Kramer (M. D. or other) MD
Address 6 Ex N Grand Date signed 4-19-48

(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 Wilfred H. Buchholz, Registered Apprentice No. 1, working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2116

P. O. Address St. Louis Mo.

**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.**