No. 300
10-48

FILED AUG 22 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28931

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 2002 Registrar's No. 1923

**1. PLACE OF DEATH**
a. COUNTY: St. Louis Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6636 Etzel Ave.,

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City, 4326
d. STREET ADDRESS (If rural, give location): 6636 Etzel Ave.,

**3. NAME OF DECEASED** (Type or Print)
a. (First): FRANK
b. (Middle): J.
c. (Last): CARTER.

**4. DATE OF DEATH** (Month) (Day) (Year): Aug. 8, 1950.

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: April 1, 1884.
**9. AGE** (In years last birthday): 66
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Christal City, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: William Carter
**13b. MOTHER'S MAIDEN NAME**: Don't Know
**14. NAME OF HUSBAND OR WIFE**: Ella Carter

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 489-10-0906
**17. INFORMANT'S SIGNATURE OR NAME**: Ella Carter, 6636 Etzel Ave.,
ADDRESS

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Aneurysm (2) Chr Myocarditis & Myocardial degeneration — INTERVAL BETWEEN ONSET AND DEATH: D.K.

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) (1) Hypertension (2) Arteriosclerosis — D.K.
DUE TO (c) Chr Cholecystitis & Cholelithiasis — D.K.

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Angina Pectoris — 585X

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: None 585X
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify):
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.):
**21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June, 1948, *to* Aug 8, 1950, *that I last saw the deceased alive on* 8-8, 1950 *and that death occurred at* 9:45 P.M., *from the causes and on the date stated above.*

**23a. SIGNATURE**: John A Rogers (Degree or title)
**23b. ADDRESS**: 6693 Delmar
**23c. DATE SIGNED**: 8-10-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Aug. 11, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Laurel Hill Cem.,
**24d. LOCATION** (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: 8-10-50
REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Jos. W. Clark
ADDRESS: 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. John A. Rogers,
6693 Delmar Blvd.,
CA. 2101 1-5 P.M.

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed Wm Bentley

Licensed Embalmer No. 313

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.