

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38815**  
Registrar's No. **10536**

FILED DEC 8- 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1218 Missouri</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>F</b> c. (Last) <b>Carter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 25 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 11, 1902</b>
9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Month <b>3</b> Day <b>13</b>	IF UNDER 1 HR. Hours <b>13</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Miss</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Alex Carter</b>	
13b. MOTHER'S MAIDEN NAME <b>Lucy Adams</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>397-01-3989</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Rosie Johnson</b>		ADDRESS <b>1218 Missouri</b>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Esophagus, with Metastasis</b>	
		DUCE TO (b) <b>Undetermined</b>	
		DUCE TO (c) <b>None</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>150 X</b>	
22. I hereby certify that I attended the deceased from <b>11-9-</b> , 1951, to <b>11-25</b> , 1951, that I last saw the deceased alive on <b>11-25</b> , 1951, and that death occurred at <b>11 a</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm. F. Reid</b>		23b. ADDRESS <b>M. D. 2601 N Whittier St</b>	23c. DATE SIGNED <b>11-26-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Nov 30-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Co Mo.</b>
DATE REC'D BY LOCAL REG. <b>NOV 27 1951</b>	REGISTRAR'S SIGNATURE <b>Earl Smith M D</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. W. Hughes 2620 Lawton Blvd</b>	

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

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Lyda Hughes*  
Licensed Embalmer No. *2838*

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.