

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

25810

FILED SEP 3- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7702**

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) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3310 Delmar Blvd.</b>		d. STREET ADDRESS (If rural, give location) <b>3310 Delmar Blvd.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MOSE</b>	b. (Middle) _____	c. (Last) <b>CARTER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 9, 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 10, 1880</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 24 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Odd Jobs</b>	11. BIRTHPLACE (State or foreign country) <b>Lafayette, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? _____
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13a. FATHER'S NAME <b>James H. Carter</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret (Unk)</b>	14. NAME OF HUSBAND OR WIFE <b>Dora Carter</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unk</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dora Carter</b>	ADDRESS <b>3310 Delmar Blvd.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____	DUE TO (b) <b>Coronary Thrombosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) _____		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19 **1952**, to \_\_\_\_\_, 19 \_\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19 \_\_\_\_\_, and that death occurred at **4:53** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter P. Perry Deputy Coroner 3</b>	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>8/13/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/14/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL <b>AUG 13 1952</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. C. Green</b>	ADDRESS <b>3517 Laclede Avenue</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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 Melvin E. Green

Licensed Embalmer No. 4428

P. O. Address St. Louis

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.