

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43331**  
Registrar's No. **11691**

FILED JAN 10 1953

BIRTH NO. \_\_\_\_\_ 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>St. Louis</b>	
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>Homér G Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>27 3150a Evans</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lela</b> b. (Middle) c. (Last) <b>Carter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>4-15-1900</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House work</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>52</b> 11. BIRTHPLACE (City and State or Foreign Country) <b>Tuscaloosa Ala</b>
13a. FATHER'S NAME <b>Carriell Carter</b>		13b. MOTHER'S MAIDEN NAME <b>Bessie Allen</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE <b>Clarence Carter Dead</b>
17. INFORMANT'S SIGNATURE OR NAME <b>Florence Snyder, 3150a Evans Ave</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
ANTECEDENT CAUSES DUE TO (b) <b>Undetermined</b> DUE TO (c)		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 type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>332x</b>	
22. I hereby certify that I attended the deceased from <b>12-13 1952</b> , to <b>12-15 1952</b> , that I last saw the deceased alive on <b>12-15 1952</b> , and that death occurred at <b>3:15 Pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Charles P. Ford</b> (Degree or title) <b>M. D.</b>		23b. ADDRESS <b>2601 N Whittier St</b>	23c. DATE SIGNED <b>12-16-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-20-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Father Dixon</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., MO</b>
DATE REC'D BY LOCAL REG. <b>DEC 19 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Jones</b> ADDRESS <b>2930 Dickson</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Arthur S. Halliard*

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.