

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 26 1953

BIRTH NO. ... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12071

1. PLACE OF DEATH a. COUNTY ... 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (In this place) 1 Yr. 11 Mo. c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 2059

d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital. d. STREET ADDRESS (If rural, give location) 5555 Chamberlain Ave.

3. NAME OF DECEASED a. (First) Nell b. (Middle) C. c. (Last) Carter 4. DATE OF DEATH (Month) 12 (Day) 30 (Year) 52

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 8. DATE OF BIRTH Sep t. 8, 1882 9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 3 DAY 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 10 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Cochran 13b. MOTHER'S MAIDEN NAME Mary Gartland 14. NAME OF HUSBAND OR WIFE John 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. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmary Records, 5800 Arsenal St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast with metastases MEDICAL CERTIFICATION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis INTERVAL BETWEEN ONSET AND DEATH 2 years 10 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 170X

22. I hereby certify that I attended the deceased from September, 1952, to Dec. 30, 1952, that I last saw the deceased alive on Dec. 30, 1952, and that death occurred at 10:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. C. Goehausen M.D. 23b. ADDRESS 5555 5800 Arsenal St. 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 2, 1952 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. DEC 31 1952 REGISTRAR'S SIGNATURE J. Carl Smith MD FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3840 Lindell Blvd.

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4539

P. O. Address St Charles, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 44752

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 12071

On this _____ day of _____, 195____, before me appears _____

_____, who, upon _____ oath, states that the original record of birth death
for Neil C Carter, died 12-30-, 1957 in the State of
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 2 should read Neil

Instead of _____

Item No. 5 should read Female

Instead of Male

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

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Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Arthur J Donnelly Indt Co
Per Kevin T McLean Relationship.

Present Address.

Subscribed and sworn to before me this 19 day of Feb, 1953

My Commission expires 3-4-53 Ellen C Padlock Notary Public.

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