

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2334

FILED FEB 11 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 0776

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS		d. STREET ADDRESS (If rural, give location) 11 4428 E COTE BRILLIANT	
3. NAME OF DECEASED (Type or Print) a. (First) SYLVESTER b. (Middle) c. (Last) CARTER		4. DATE OF DEATH (Month) (Day) (Year) 1 21 53	
5. SEX M	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 16 1888
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WOOD PEDIKER	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U
13a. FATHER'S NAME HENRY CARTER		13b. MOTHER'S MAIDEN NAME NANCY	14. NAME OF HUSBAND OR WIFE Meta Carter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Meta Carter 4428 Cote Brilliant
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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Lobes Pneumonia DUE TO (c) Cortical Regeneration II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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. HOW DID INJURY OCCUR? 490X	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 1953, to 1953, that I last saw the deceased alive on 1953, and that death occurred at 7 PM, from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. Smith (Signature or title)		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 1/23/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-24-53	
24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY MO	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 23 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. F. WALTON 2707 ST. LOUIS	

(Licensed Embalmer's Statement on Reverse Side)

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

190

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 L. Hilliard

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.