

FILED JUN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23363

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>1554</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Overland</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>Unknown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>		d. STREET ADDRESS <u>9633 Baltimore</u>		d. STREET ADDRESS (If rural, give location) <u>9633 Baltimore</u>	
3. NAME OF DECEASED				4. DATE OF DEATH			
a. (First) <u>Jennie</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Carter</u>		Date (Month) (Day) (Year) <u>June 3, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 13, 1900</u>	
9. AGE (in years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Pearl Belue</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Willie U. Carter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willie U. Carter 9633 Baltimore</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Renal Vascular Disease</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertension</u>					
		DUE TO (c) <u>—</u>					
		II. OTHER SIGNIFICANT CONDITIONS				<u>2 weeks</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>5-21</u> to <u>6-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-3</u> , 19 <u>53</u> , and that death occurred at <u>9:30 A.M.</u> , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>Frank D. Alexander</u>				22b. ADDRESS <u>877 E. Kirkland</u>		22c. DATE SIGNED <u>6-4-53</u>	
24a. BURIAL / CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>6/6/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co. MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-6-53</u>		REGISTRAR'S SIGNATURE <u>Harold N. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wade Granberry 4202 Finney Ave</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PRACTICE

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. Reed*

Licensed Embalmer No. *4428*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.