

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23568**
5432

FILED AUG 2 - 1955

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2900 Rutger Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A City Hospital No. 1			

3. NAME OF DECEASED (Type or Print)	a. (First) Virgil	b. (Middle) Leon	c. (Last) Carter	4. DATE OF DEATH (Month) (Day) (Year) June 18, 1955
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 20, 1934	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployd	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Carter	13b. MOTHER'S MAIDEN NAME Flora Crawford	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Flora Carter	ADDRESS 2900 Rutger Ave.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of the chest and right lung.		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Offered used shot with gun in hands of one Andrew Carter (dad) in vicinity of 1200 So Compton about 1005 pm June 18th, 1955. Justifiable homicide		
19a. DATE OF OPERATION 18th, 1955.		19b. MAJOR FINDINGS OF OPERATION Justifiable homicide	

20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	21a. PLACE OF INJURY (e.g., in or about home, farm, shop, street, office, etc.) Street	21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 18 6510 P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E981X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1030 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Catrik Taylor Carraw	(Death or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6.22.55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-24-55	24c. NAME OF CEMETERY OR CREMATORY Washington P. Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. JUN 22 1955	REGISTRAR'S SIGNATURE Carl Smith Mo	25. FUNERAL DIRECTOR'S SIGNATURE English & Swan Undt. Co.	ADDRESS 1123 N. Taylor
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-m&B (Licensed Embalmer's Statement on Reverse Side)

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

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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

Jeffrey C. Cooper

Licensed Embalmer No. *4600*

P. O. Address *4648 St. Ferdinand*

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.