

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 30678
8694 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 30678 8694			
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. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1419 Temple			6. STREET ADDRESS (If rural, give location) 1419 Temple						
3. NAME OF DECEASED (Type or Print) a. (First) Emmerline			b. (Middle) _____			c. (Last) Carter			
4. DATE OF DEATH			5. (Month) Sept.			6. (Day) 12,			
7. (Year) 1955			8. DATE OF BIRTH			9. AGE (In years last birthday) 58			
5. SEX Female			6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u>		8. DATE OF BIRTH January 5, 1897		
9. AGE (In years last birthday) 58			10. IF UNDER 1 YEAR Months _____		11. IF UNDER 1 YEAR Days _____		12. IF UNDER 1 YEAR Hours _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (City and State or Foreign Country) Talledega, Louisiana			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			
14. NAME OF HUSBAND OR WIFE Andrew Carter			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none			
17. INFORMANT'S SIGNATURE OR NAME Andrew Carter			18. ADDRESS 1419 Temple						
MEDICAL CERTIFICATION									
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MY PARTIAL MURDER CARDIO-VASCULAR DISEASE</u>					INTERVAL BETWEEN ONSET AND DEATH <u>APPROX 1 WEEK</u>	
* This does not mean the mode of dying, such as heart failure, asphyxia, 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) _____ DUE TO (c) _____						
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 <u>443 X</u>					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 type="checkbox"/>			21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8/18, 1955</u> to <u>9/12, 1955</u> , that I last saw the deceased alive on <u>9/2, 1955</u> , and that death occurred at <u>9:00 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>C. H. Beemer, M.D.</u>			23b. ADDRESS <u>205 No. Jefferson</u>			23c. DATE SIGNED <u>9/13/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE 9-17-55		24c. NAME OF CEMETERY OR CREMATORY (Calvary Cemetery)		24d. LOCATION (City, town, or county) (State) St. Louis Missouri		
DATE REC'D BY LOCAL REG. SEP 14 1955			REGISTRAR'S SIGNATURE <u>W. H. Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros. Und. Co. 3644 Finney			

WRITE PLAINLY—USING UNFAADING 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
Signature of Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. *441*

P. O. Address *2405 9th MA*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.