

FILED FEB 17 1956

STANDARD CERTIFICATE OF DEATH

State File No. 6270

318

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4204 Berger Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>3 4204 Berger Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>HARRY LEWIS CARTER</u>							
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>Jan. 18, 1956</u>							
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
<u>Male</u>		<u>White</u>		<u>Married</u>		<u>Dec. 22, 1881</u>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
<u>74</u>		<u>X-ray Technician</u>		<u>Steel Foundry</u>		<u>St. Louis, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
<u>U. S.</u>		<u>John Carter</u>		<u>not known</u>		<u>Grace Carter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<u>No.</u>		<u>487-12-4596</u>		<u>Harold L. Carter 4204 Berger Ave.</u>			
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cholecystitis</u> <u>(with cholelithiasis)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>? Diabetes Mellitus (Mild)</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>1. Posterior Myocardial Infarction - old - 3-4 mos</u> Conditions contributing to the death but not related to the disease or condition causing death. 2.					INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No operation performed.</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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
<u>NONE</u>				<u>ST. LOUIS, MISSOURI</u>			
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? <u>NONE</u>			
22. I hereby certify that I attended the deceased from <u>October 12, 1955</u> , to <u>January 14, 1956</u> , that I last saw the deceased alive on <u>January 18, 1956</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Grant Ignirlian M.D.</u>				23b. ADDRESS <u>731 E. Big Bend, Webster Groves 19, Mo.</u>		23c. DATE SIGNED <u>1-19-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Jan 21, 1956</u>		<u>Resurrection Cem.</u>		<u>St. Louis County, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JAN 20 1956</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>7146 Manchester Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Robert J. ...

Licensed Embalmer No. 436

P. O. Address. *...*

Signed.....
Student Embalmer

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

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