

FILED MAR 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

1003 State File No. 10033
1735 Registrar's No.

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 death) -a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>18 days</u>		c. CITY OR TOWN <u>Glencoe</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>27</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Woodrow</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Carter</u>	
		4. DATE OF DEATH		(Month) (Day) (Year)		<u>2/19/57</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 6, 1914</u>	
		9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HRS.	
		<u>42</u>		Months Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fruin-Colon Const.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lee County, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Newton Green Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Ollie Wren</u>		14. NAME OF HUSBAND OR WIFE <u>Rosie L. 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>26-26-6903</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosie Carter, Gen'l. Del., Glencoe, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolic embolism</u>				INTERVAL BETWEEN ONSET AND DEATH	
		b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Surgical Resection of Spleen; following injuries received while working at the Chase Hotel, around 4:00 am., February 1st, 1957.</u>					
		11. 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>E936.6</u>				20. AUTOPSY? 1 Yes <input checked="" type="checkbox"/> 2 No <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>Hotel</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 1 57 14</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>osc</u>			
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 <u>9:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Patrick E. Taylor</u>				23b. ADDRESS <u>1500 Olive</u>		23c. DATE SIGNED <u>2/20/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/22/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Pond, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 20 57</u>		REGISTRAR'S SIGNATURE <u>Castle Smith MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader Funeral Home, Ballwin, Mo.</u>			

WRITE PLAINLY—USING UNFADING 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 *Richard Bopp*.....

Licensed Embalmer No. *4584*.....

P. O. Address *Ballwin, Mo*.....

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.