. Health,
& Welfare
. Public
h Service

S. 300 D
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 14545

FILED APR 26 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3575

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. LOUIS CITY HOSP. #1. — Length of stay in Hospital or Institution: 25 26

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St Louis, Mo — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1419 Blackstone — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First THEODORE Middle Last CARTER

4. DATE OF DEATH Month APRIL Day 6, Year 1957

5. SEX: Male

6. COLOR OR RACE: Colored

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ — Married

8. DATE OF BIRTH: Not Known

9. AGE (In years last birthday): Abt 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Ark

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Berry Carter

14. MOTHER'S MAIDEN NAME: Parlee ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Boyd Carter 1419 Blackstone St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) aspiration of mucus etc.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Malnutrition & dehydration
DUE TO (c) Senile brain disease

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 355 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4/4/57, to 4/6/57 and last saw her/him alive on 4/6/57. Death occurred at 11:05 P.M on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James N. McClure Jr. M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 4/8/57.

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4-16-57

23c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery

23d. LOCATION (City, town, or county) (State): St Louis, Mo.

24. FUNERAL DIRECTOR A.L. Beal Und. Co. ADDRESS 4303 Delmar

25. DATE RECD. BY LOCAL REG.: APR 15 '57

26. REGISTRAR'S SIGNATURE: Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Daniel W. Hughe

Licensed Embalmer No. 48

P. O. Address 4149 W. K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.