

Health,  
Welfare  
Public  
Service

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms with 58-1423

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007072  
STATE FILE NUMBER  
1423

FILED FEB 28 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 1423

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, give TOWNSHIP only) OR TOWN Saint Louis		c. CITY OR TOWN Saint Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 22 St. Anthony		d. STREET ADDRESS (If outside, give location) 914 6229 Nottingham Ave	
3. NAME OF DECEASED (Type or print) A/K/A Gabriel Beverly Lafayette Carter Gabriel B.L. Carter		4. DATE OF DEATH Month Day Year 2 6 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-22-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Prof. Engineer		10b. KIND OF BUSINESS OR INDUSTRY Southwestern Bell Tel Co.	11. BIRTHPLACE (City and state or country) Hickory, North Carolina
10c. CITIZEN OF WHAT COUNTRY? USA		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hollon Smith Baldwin Carter		13b. MOTHER'S MAIDEN NAME Sarah Adline Douthit	14. NAME OF HUSBAND OR WIFE Alyce Carter (Nee Hunt)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488 03 6217	17. INFORMANT Address Alyce Hunt Carter 6229 Nottingham, St. Louis,
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage (left brain stroke)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral thrombosis</u> DUE TO (c) ? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331x			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year m. a.m. p.m. None		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1/29/58		20f. CITY, TOWN, OR LOCATION COUNTY STATE 2/6/58 Dallas Texas	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:00 AM on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) O. C. [Signature] M.D.		22b. ADDRESS 4573 S King Hwy	
22c. DATE SIGNED 2-6-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal by rail	23b. DATE 2-7-1958	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Dallas Texas
24. FUNERAL DIRECTOR Colonial Mortuary 6464 Chippewa Street, St. Louis 9, Missouri		25. DATE RECD. BY LOCAL REG. FEB 7 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. m jrb.

(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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Eric C. Driscoll*

Licensed Embalmer No. *4764*  
P. O. Address *St. Louis 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.