

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015636

STATE FILE NUMBER

3946

FILED MAY 8 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3946**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Missouri</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Length of stay in lbs <b>2 1/2</b>	d. STREET ADDRESS (If outside, give location) <b>4648a Page Blvd.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>MINNIE</b> Middle <b>U</b> Last <b>CARTER</b>			4. DATE OF DEATH Month <b>April</b> Day <b>6</b> Year <b>1958</b>
5. SEX <b>Female</b> <b>3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>2</b> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>8-14-1898</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Armour Pkg. Co.</b>	11. BIRTHPLACE (City and state or country) <b>Tennessee</b>
13. FATHER'S NAME <b>Robert Thomas</b>		14. MOTHER'S MAIDEN NAME <b>Lizzie Rice</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>327-03-5095</b>	17. INFORMANT <b>Carolyn Troupe</b> Address <b>4648a Page Blvd.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE RENAL FAILURE</b> DUE TO (b) <b>SEPTICEMIA</b> DUE TO (c) <b>260x</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>DIABETES MELLITUS 10 YEARS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 DAYS</b> <b>13 DAYS</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 <b>p. m.</b> Month, Day, Year	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <b>MARCH 26, 1958</b> to <b>APRIL 6, 1958</b> and last saw her <b>alive</b> on <b>4/6/58</b> Death occurred at <b>9:06 a. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>W. Miller M. D.</i> (Degree or title) <b>M. D.</b>		22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>4/7/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-10-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
24. FUNERAL DIRECTOR <b>Peoples Und. Co. 3100 Franklin</b>		25. DATE RECD. BY LOCAL REG. <b>APR 9 '58</b>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>

2000011 . 31007 . 89

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. *34*

P. O. Address *45750*

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

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.