

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045500

STATE FILE NUMBER  
12643

FILED JAN 12 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12643

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 **St. Louis**

Inside Limits Yes  No

c. CITY OR TOWN **St. Louis**

Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Enr. Homer G. Phillips Hospital** Length of stay in lb **7/01**

d. STREET ADDRESS (If outside, give location) **3124 Vandeventer**

Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **Gabe** Middle **Carter** Last

4. DATE OF DEATH Month **12** Day **27** Year **58**

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED

8. DATE OF BIRTH **5-8-1904** 9. AGE (In years last birthday) **54** IF UNDER 1 YEAR Months **7** Days **19** 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 **None**

11. BIRTHPLACE (City and state or country) **Mississippi**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Gabe Carter, Sr.** 13b. MOTHER'S MAIDEN NAME **Anna Drake** 14. NAME OF HUSBAND OR WIFE **Maggie Carter**

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. **?** 17. INFORMANT **Maggie Carter** Address **3124 N. Vandeventer**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Cerebral Hemorrhage - 2nd episode** INTERVAL BETWEEN ONSET AND DEATH **1 hr.**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Hypertension** **2 weeks**  
DUE TO (c) **Arteriosclerosis** **331x** **unknown**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES  NO

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 Month, Day, Year a.m. p.m.

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 **12-20-58** to **12-25-58** and last saw <sup>her</sup> him alive on **12-25-58**  
Death occurred at **1:30 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Herry Dugas MD** (Degree or title) 22b. ADDRESS **3136 Easton Ave** 22c. DATE SIGNED **12-28-58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **1-3-59** 23c. NAME OF CEMETERY OR CREMATORY **Washington Park** 23d. LOCATION (City, town, or county) (State) **St. Louis County, Missouri**

24. FUNERAL DIRECTOR **Ellis Funeral Home, Inc.** ADDRESS **2820 Stoddard** 25. DATE RECD. BY LOCAL REG. **DEC 30 '58** 26. REGISTRAR'S SIGNATURE **Earl Smith MD**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Fullove Culkin* .....

Licensed Embalmer No. *4198* .....

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.