

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020766

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 4256**

INDEXED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis County, Mo/ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1117 W. Waymire Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Eugene Middle Isaac Last Carter			4. DATE OF DEATH Month April Day 17 Year 1960				
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/28/1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Machine Operator		10b. KIND OF BUSINESS OR INDUSTRY Medical Depot		11. BIRTHPLACE (City and state or country) New Orleans, La.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Elijah Carter		13b. MOTHER'S MAIDEN NAME Elizel Riley		14. NAME OF HUSBAND OR WIFE Sarah 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. Unknown	17. INFORMANT Mrs. Sarah Carter	Address 117 E. Waymire
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Aortic hemorrhage		INTERVAL BETWEEN ONSET AND DEATH unfiled
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of stomach	
	DUE TO (c) 151x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m.	Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from **4/16/60** to **4/17/60** and last saw her/him alive on **4/17/60**
Death occurred on **4/17/60** at **12:10A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter J. Wye (Degree MD)	22b. ADDRESS M. D. 3915 Wilson Rd	22c. DATE SIGNED 4/19/60
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	23b. DATE 4/20/60	23c. NAME OF CEMETERY OR CREMATORY Father Dickson	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR E. B. Hance	ADDRESS 1221 N. Grand	25. DATE RECD. BY LOCAL REG. APR 19 1960	26. REGISTRAR'S SIGNATURE Walter J. Wye, M.D.
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Melvin Blackman

Licensed Embalmer No. 3462
P. O. Address 1771 N. 9th

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.