URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 22 1960

60-029068
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1982

ENDED

1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson — Length of stay in 1b: 4 yrs. c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 313 Day Dr. — Inside Limits: Yes # No ☐	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Ferguson — Inside Limits: Yes # ☐ No ☐ d. STREET ADDRESS (If outside, give location) 313 Day Dr. — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First George Middle William Last Carter

4. DATE OF DEATH: Month June Day 29, Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed # Divorced ☐

8. DATE OF BIRTH: 1-10-82

9. AGE (last birthday): 78

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

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

10b. KIND OF BUSINESS OR INDUSTRY: Railway

11. BIRTHPLACE (City and state or country): Owensborough, Ky.

12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: Henry Carter

13b. MOTHER'S MAIDEN NAME: Rebecca Fenwick

14. NAME OF HUSBAND OR WIFE: Beulah, M. Carter

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.: None

17. INFORMANT: Morris E. Carter, Ferguson, Mo. (Address)

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive Heart Failure	1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterio Sclerotic Heart Disease	10 years
DUE TO (c)	Rheumatoid Arthritis	20 years

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 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 3/10/57 to 6/29/60 and last saw him alive on 6/1/60

Death occurred at 1:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack T. Steele M.D.

22b. ADDRESS: 40 N. Florissant

22c. DATE SIGNED: 6/29/60

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

23b. DATE: 7-1-60

23c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery

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

24. FUNERAL DIRECTOR ADDRESS: White-Mullen Mortuary, Ferguson, Mo.

25. DATE RECD. BY LOCAL REG.: 6-30-60

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Reinhold K. Lohrman

Signature of Student Embalmer

Licensed Embalmer No. 5395

P. O. Address St Louis 35

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