

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

11204 -62-044068
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11204

DO NOT WRITE ON THIS STUB

AMENDED

FILED NOV 30 1962

VS 300
Rev. 4/59

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DATE AMENDED
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Missouri

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b _____

c. CITY OR TOWN St. Louis Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 5075 Cabanne Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Walter Middle _____ Last Carter

4. DATE OF DEATH Month 11 Day 20 Year 62

5. SEX Male 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH Dec 1, 1949 9. AGE (last birthday) 62

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) Partner 10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and state or country) St Louis Mo 12. CITIZEN OF WHAT COUNTRY _____

13a. FATHER'S NAME William Carter 13b. MOTHER'S MAIDEN NAME Laura Waters 14. NAME OF HUSBAND OR WIFE _____

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. _____ 17. INFORMANT Nellie Shores 5675 Cabanne Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Uremia INTERVAL BETWEEN ONSET AND DEATH Undet.

DUE TO (b) Nephrosclerosis

DUE TO (c) Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 446x

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 9-25-62 to 11-20-62 and last saw him alive on 11-20-62

Death occurred at 8:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS 2601 N. Whittier 22c. DATE SIGNED 11-20-62

23a. BURIAL / CREMATION, REMOVAL (Specify) Removal 23b. DATE Nov 24/62 23c. NAME OF CEMETERY OR CREMATORY Washington Park 23d. LOCATION (City, town, or county) St Louis (State) MO

24. GENERAL DIRECTOR F. A. Spear 4214 Delmar ADDRESS _____ 25. DATE RECD. BY LOCAL REG. NOV 21 1962 26. REGISTRAR'S SIGNATURE Road Smith M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 *F. C. Sheen*

Licensed Embalmer No. 2963

P. O. Address 4214 Dolmar

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.