MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31382

NOV 2 1927

1. PLACE OF DEATH

County St. Louis — Registration District No. 786 — File No.

Township ~~Central~~ — Primary Registration District No. 4469 — Registered No. 66

City Maplewood (No. 7437, Maple Ave. St. Ward)

2. FULL NAME Edwin A. Carpenter

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Florence Carpenter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	5	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance Agent

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Wisconsin

PARENTS

10. NAME OF FATHER Ambrose Carpenter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Lidia Peet

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Florence Carpenter
(Address) 7437 Maple Ave.

15. FILED 11/1 1927 Mercedes Schuster REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 31st 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1927, to Oct 31, 1927, that I last saw him alive on Oct 30th, 1927, and that death occurred, on the date stated above, at 7:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Mitral insufficiency
9 d A
2 d A
7 M A (duration) 20 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Endocarditis (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED? 100%
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E. H. Skinner, M. D.
11/1, 1927 (Address) 4397 Forest Park Blvd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Hill Cemetery — DATE OF BURIAL 11/2 1927

20. UNDERTAKER McLaughlin — ADDRESS 1631 Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.