

APR 27 1937

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

Do not use this space. ✓

1. PLACE OF DEATH

County St. Louis Registration District No. 787
Township Meramec Primary Registration District No. 6032
City (No. _____) St. _____ Ward _____

File No. 13364
Registered No. _____

2. FULL NAME Robert C. Carpenter

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

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 11 0 45

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Methodist Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Preacher

10. Date deceased last worked at this occupation (month and year) Oct. 13 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Wm. Curtiss Elias Carpenter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary Eliza Johnson Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Carl F. Carlson
(ADDRESS) Eureka, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Manchester, Mo. DATE Mar. 23, 1937

19. UNDERTAKER Wm. S. Dicks
(ADDRESS) Eureka, Mo.

20. FILED Mar. 20, 1937 Wm. S. Dicks
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1937, to Mar 19, 1937

I last saw him alive on Mar 15, 1937. Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure

Date of onset

Other contributory causes of importance:

Chc. myocarditis
Sensibility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Chas. D. Dicks, M. D.

(Address) Eureka, 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.

1912