

REC'D APR 11 1938

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

9197

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 1003
 (b) Township _____ Primary Registration District No. _____ Registered No. 2786
 (c) City St. Louis Mo (d) Street No. Entrance to City Hospital #1 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 8 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JAMES WILLIAM CARPENTER 615
 (a) Residence, No. 5008th CATES St. 12 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 8 8

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo13. NAME William J. Carpenter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawaiian Islands15. MAIDEN NAME Lola Hart16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin17. INFORMANT (ADDRESS) Mrs Lola Carpenter
5008th Cates

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE 3-24-38 1919. FUNERAL DIRECTOR (ADDRESS) Mullen Bros
4259 Lindell

20. FILE

MAR 24 1938

J. B. Bredek
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9:00 A.M.

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

Congenital Tumor (Glioma?) Date of onset of
Optic Nerve;
Congenital anomaly of Brain.

Other contributory causes of importance: 157A

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? YES

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 See above

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Joseph M. Quinn M.D.(Address) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Thomas R Fenwick, Licensed Embalmer No. 3793.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Thomas R Fenwick
Licensed Embalmer No. 3793

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.)