

Registration District No. 701

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County 1008  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution BARNES HOSPITAL  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Ten days  
 In this community Sixty nine years (Specify whether years, months or days)

3. (a) PRINT FULL NAME George Oliver Carpenter 16153. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Caroline G. Carpenter 6. (c) Age of husband or wife if alive 80 years7. Birth date of deceased Feb 17th 1850  
(Month) (Day) (Year)8. AGE: Years 89 Months 9 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Wakefield Mass  
(City, town, or county) (State or foreign country)10. Usual occupation Retired Executive11. Industry or business National Lead Co 199012. Name George O. Carpenter13. Birthplace S. Reading Mass  
(City, town, or county) (State or foreign country)14. Maiden name Maria J. Emerson15. Birthplace Boston Mass  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Geo Carpenter(b) Address 5 Hortense Place17. (a) Cremation (b) Date thereof 12/4/39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Missouri Crematory18. (a) Signature of funeral director Wagoner Und Co(b) Address 3621 Olive Street19. (a) DEC 8 1939 (b) J. B. Bradak  
(Date and local registration) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
 (c) City or town St. Louis 12  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 12. Portland Place  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2  
year 1939 hour 12 minute 30 A.M.21. I hereby certify that I attended the deceased from November 21, 1939, to December 2, 1939;  
that I last saw him alive on December 2, 1939;  
and that death occurred on the date and hour stated above.Immediate cause of death mesenteric thrombosis (post-operative)  
Due to Operation performed for mesenteric thrombosis  
Due to \_\_\_\_\_Other conditions generalized arteriosclerosis  
(include pregnancy within 3 months of death)Major findings: Resection of ileum  
Of operations 11-21-39  
Of autopsy non-malignant

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

23. Signature M. Anderson (M. D. or other)  
Address BARNES HOSPITAL Date signed 12-2-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

DEC 4 1941

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Neville D. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St*

**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 this body is not embalmed, above space should be left blank.**