

S. No. 2  
M-1-4-41  
v. 5-17-39  
P-1 X2630

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **4179**

**FILED MAR 6 7 1942**

Registration District No. **79401**

Primary Registration District No. **1003**

Registrar's No. **507**

**1. PLACE OF DEATH:**

(a) County.....

(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** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County.....

(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5295 Waterman, Ave.,**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)

If yes, name country.....

**3. (a) PRINT FULL NAME** **CLARKSON CARPENTER.**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Jan.** day **15th**  
year **1942** hour **5** minute **20 P.M.**

**21. I hereby certify that I attended the deceased from.....**  
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above.

4. Sex **Male 0**

5. Color or race **White**

6. (g) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife.....  
**Hazel Carr Carpenter.**

6. (c) Age of husband or wife if alive..... **58**..... years

7. Birth date of deceased..... **July 14,** **1873**  
(Month) (Day) (Year)

Immediate cause of death **Arteriosclerosis, old fracture of left tibia, which was caused from an accident in which he was struck by an automobile driven by one Freda Rudelmann in front of 4907 Maryland Ave. about 9:45 @ clock A.M. in 1941**

Other conditions.....  
(Include pregnancy within 3 months of death)

**8. AGE:**

Years	Months	Days	If less than one day
<b>68</b>	<b>6</b>	<b>1</b>	hr.....min.

**9. Birthplace** **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Real Estate Operator**

**11. Industry or business.....**

**MOTHER FATHER**

**12. Name** **James M. Carpenter, Sr.**

**13. Birthplace** **Denville, Ky.**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Carrie Clarkson.**

**15. Birthplace** **Warrenton, Va.**  
(City, town, or county) (State or foreign country)

**Major findings:** **170c**

Of operations.....

Of autopsy..... **21 210**

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** **Mrs. Hazel C. Carpenter.**

**(b) Address** **5295 Waterman, Ave.,**

**17. (a) burial** (b) Date thereof **1-17-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Bellefontaine Cemetery**

**18. (a) Signature of funeral director** **C.R. Lupton & Sons.**

**(b) Address** **7233 Delmar, Blvd.**

**19. (a) JAN. 17, 1942** (b) **J. J. Bradeck**  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **May 10 1941**

(c) Where did injury occur? **St. Louis**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place**

While at work? **no** (Specify type of place) (e) Means of injury **Auto**

**23. Signature** **Alfred G. Perry** (M. D. or other) **3**

**Address** **Opposite Corner** **Date signed** **3/22/42**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

157

5720 Washington  
15-4222 HRS--1 to 3 P.M.  
506

Dr. Bradley  
Supt. Barnes Hospital.  
FO-6400

**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 *Bradford A. Miles*

- 1 - I Licensed Embalmer No. *2901*

P. O. Address *University City*

**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, fact should be so stated above.**

FILED MAR 6 1942

STANDARD CERTIFICATE OF DEATH

State File No. 4179

507

Registration District No. 701

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County  
(b) City or town. St. Louis, Mo  
(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.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Clarkson Carpenter

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife. Hazel Carr Carpenter 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased. July 14 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 6 1 hr. min.

9. Birthplace. St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Real Estate Dealer

11. Industry or business

12. Name James M. Carpenter Sr.

13. Birthplace Danville, Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Carrie Clarkson

15. Birthplace Warrenton Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hazel C. Carpenter.

(b) Address 5295 Waterman Ave.,

17. (a) -burial (b) Date thereof 1-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.,

19. (a) JAN 17 1942 (b) J. J. Bredack  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5295 Waterman  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January Day 15  
year 1942 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-14 1942 to 1-15 1942  
that I last saw him alive on 1-15 and that death occurred on the date and hour stated above.

Immediate cause of death. myocardial infarct  
Due to occlusion of coronary artery by calcification and plaques  
Other condition Arteriosclerotic heart disease. Generalized arteriosclerosis.  
Old myocardial infarct.  
Major findings: fracture of ribs in ribs, left, also hepatitis, chronic  
Of autopsy as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury

23. Signature J. J. Bredack (M. D. or other)  
Address 600 So. Kingshighway Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI

3 p.m. Washington  
SE 4-22-27

Dr. Brumley  
Lays' Bureau / Lays  
FO 6400

504

504

**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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

**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, fact should be so stated above.**