

FILED SEP 18 1942

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 7418

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hours
In this community Since Birth (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1016 Geyer Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GUSTAVE A. CARPENTER,

3. (b) If veteran, name war World 3. (c) Social Security No.

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 29, 1892
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 4 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business.....

12. Name David Carpenter

13. Birthplace New Orleans La
(City, town, or county) (State or foreign country)

14. Maiden name Lena Reint

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

16. (a) Informant Miss Ruth Carpenter

(b) Address 1016 Geyer Avenue

17. (a) Burial (b) Date thereof 9/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery Jefferson Barracks

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) SEP 4 1942 J. F. Predeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1942 hour 1 minute Per M.

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Impression of death: Fracture of Skull. Subdural Hemorrhage of Brain when he was struck with fist by one William Burke in front of 1016 Geyer Ave at about 2:10 am

Due to 9/3/42

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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) Homicide

(b) Date of occurrence 9/3/42

(c) Where did injury occur? St. Louis MO
(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? (Specify type of place) (e) Means of injury.....

23. Signature Thomas H. Callaway (or other)

Address Deputy Coroner Date signed 9/4/42

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

MOTHER FATHER

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.....

Francis A Williamson

Licensed Embalmer No.....

3565

P. O. Address.....

St. Louis, Mo

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.