

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29267

FILED AUG 21 1943

State File No. _____

Registration District No. 017

Primary Registration District No. 6076

Registrar's No. 1867

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MANCHESTER NURSING HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 MO. 7 DAYS
(Specify whether years, months or days)

In this community ABOUT 2 MONTHS

2. USUAL RESIDENCE OF DECEASED: COLE 51

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town KNOBNOSTER
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA CARPENTER

3. (b) If veteran, name war N.O.

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife WILLIAM D. CARPENTER

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

7. Birth date of deceased MARCH-20-1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>4</u>	<u>25</u>	— hr. — min.

9. Birthplace SWEET SPRINGS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER {

12. Name SAMUEL SHANKS

13. Birthplace UNKNOWN VIRGINIA
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. C. O. Scholz

(b) Address 33 N MAPLE WEBSTER GROVES

17. (a) BURIAL (b) Date thereof AUG 17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KNOBNOSTER MO.

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO.

19. (a) AUG 16 1943 (b) C. J. McNamee, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1943 hour 9 minute 35 P.M.

21. I hereby certify that I attended the deceased from 7-6-43
_____ 19____ to 8-14 1943

that I last saw her alive on 8-13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chr. Myocarditis

Due to Diabetes mellitus

Due to Interstitial nephritis

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

Duration

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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)

(a) Means of injury _____

23. Signature C. J. McNamee, M.D. (M. D. or other) M.D.

Address Creve Coeur, Mo. Date signed 8-15-43

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.....

C. C. Aldrich

Licensed Embalmer No.

1332

P.O. Address.....

Webster House

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.