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S. No. 2
OM-2-43
5-17-39
1 X35

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 21 1943

Primary Registration District No. 3063

Registrar's No. 2021

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community Life

3. (a) PRINT FULL NAME Richard Carpenter

3. (b) If veteran, name war _____ 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 February 11, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60	7	1	_____ hr. _____ min.
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9. Birthplace Chicago, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Yardman

11. Industry or business _____

MOTHER FATHER

12. Name Richard Carpenter

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

14. Maiden name Maggie Rogers

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

16. (a) Informant Mrs. Chris Spow

(b) Address 8723 Rosalie Ave., Brentwood

17. (a) ~~(Burial, cremation, or other)~~ (b) Date thereof Sept 14, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) 9-13-43 (b) E. G. McKeown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 8723 Rosalie
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 12
year 43 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from 9-8-43 to 9-12-43, 19____; that I last saw him alive on 9-12-43, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 2 weeks

Due to Hypertension cardiovascular disease 1 yr +

Due to _____

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

Major findings: Of operations _____

Of autopsy 938

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 E. G. McKeown (M. D. or other) _____
Address St. Louis, Mo. Date signed _____

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 3454.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson.....

Licensed Embalmer No. 3456.....

P. O. Address. 7456 Manchester.....

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.