

FILED DEC 3 1943

State File No. _____
Registrar's No. 10172

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer G. Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days 0
 In this community 17 years (Specify whether 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. 2329 Clark (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Annie May Carpenter

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

4. Sex Fem 3 5. Color or race Col 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

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

Abt. 108 hr. min.

9. Birthplace Unknown Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Nurse

11. Industry or business _____

MOTHER FATHER { 12. Name Elijah Mathews

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

14. Maiden name Unknown

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

16. (a) Informant Mattie Wilson

(b) Address 2329 Clark Ave

17. (a) Removal (b) Date thereof 11/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclede Ave.

19. (a) NOV 20 1943 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 17,
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from November
3 19 43 to November 17, 19 43

that I last saw her alive on November 17, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Interstitial Nephritis

Due to _____
Due to _____

Other conditions 1/2/1
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 N. J. Evers (M. D. or other) 11/19/43
Address 2307 Whittier Date signed

100
17
9

Duration
Indef.

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

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

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 *A. M. Green*.....

Licensed Embalmer No. 1175.....

P. O. Address 3517 So. Chide Ave.....

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.