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Rev. 5-17-39  
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21756

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 11 1945 318

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

6987

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:  
De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... (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. 4420 Manchester  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

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17  
9/18

3. (a) PRINT FULL NAME Willis 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 Married

6. (b) Name of husband or wife Mildred 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased September 16, 1920  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day.  
24 10 21 hr. min.

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

10. Usual occupation Clerk

11. Industry or business St. Louis Police Department

12. Name Willis Carpenter

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

14. Maiden name Cora Carter

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

16. (a) Informant Mildred Melvin  
(b) Address 4420 Manchester

17. (a) Burial (b) Date thereof 8/9/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) - Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) AUG 8 1945 (b) J. J. Boudreau  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7  
year 1945 hour 12.55 A.M. minute..... M.

21. I hereby certify that I attended the deceased from APRIL 13<sup>TH</sup> 1945 to AUG 7, 1945  
that I last saw him alive on Aug 6, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIC ACIDOSIS Duration 1 MONTH

Due to CH. NEPHRITIS & CIRRHOSIS of LIVER 1 YEAR

Due to CH. OSTEOMYELITIS (Staphylococcus aureus) 11 YEARS

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

Major findings: Of operations 17

Of autopsy Ch. suppurat. Peritonitis & ch. cholecystitis  
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) Means of injury.....

23. Signature James H. Cunningham M. D. or other.....  
Address 1414 N. Central St. Date signed 8/8/45

(Licensed Embalmer's Statement on Reverse Side)

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..... *Henry Eymak* .....

Licensed Embalmer No. *1284* .....

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.