

FILED NOV 25 1946

318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38462

1003

Registrar's No. 9533

Registration District No. 318 Primary Registration District No. 1003

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:
265 N. Union /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Alvin C. Carpenter

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

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

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

7. Birth date of deceased Oct. 26, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 0 9 ..hr.min.

9. Birthplace South Bend Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business.....

12. Name not known

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Jane Brown

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Chas Burke

(b) Address East St. Louis Ill

17. (a) Cremation (b) Date thereof Nov. 8 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Chas Burke

(b) Address East St. Louis Ill

19. (a) NOV 7 1946 J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(c) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 265 N. Union
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 11/2 6/40
19..... to 11/5 2/6
that I last saw him alive on 11/2 8/6
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Interpanial hemorrhage acute

Due to.....
myocarditis 1940

Due to.....
arteriosclerosis

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).....

(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 Wm. G. Kaintz M.D. (M) D. of (specify)

Address 4500 Olive St Date signed Nov. 7, 1946

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

MOTHER FATHER

APR 4 1949

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.....

Licensed Embalmer No. 2421.....

P. O. Address..... East St. Louis, Ill

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.