

S. No. 2  
OM-2-43  
v. 5-17-39  
-1 X3597

42232

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 24 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 6625

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(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:  
1518 S Jefferson Av  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St Louis 23 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1518 S. Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EARL F. CARPENTER  
3. (b) If veteran, name war No  
3. (c) Social Security No. 702-12-5352

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 11  
year 1946 hour 7 minute A.M.  
21. I hereby certify that I attended the deceased from 12-10-46  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him alive on 12-10  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mae 6. (c) Age of husband or wife if alive 62 years

Immediate cause of death:  
Myocardial infarction Duration 10 min.  
Due to Coronary occlusion Unknown  
Partly 10 min.

7. Birth date of deceased: March 23 1880  
(Month) (Day) (Year)  
8. AGE: Years 66 Months 3 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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.

9. Birthplace New York (City, town, or county) (State or foreign country) 1  
10. Usual occupation RR Switchman  
11. Industry or business \_\_\_\_\_  
12. Name Frank Carpenter  
13. Birthplace U known (City, town, or county) (State or foreign country) 9  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mae Carpenter  
(b) Address 1518 S Jefferson Av  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/46 (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cemetery  
18. (a) Signature of funeral director Wm E Myrall  
(b) Address 1926 Allen Av  
19. (a) DEC 11 1946 (Date received local registrar) (b) J. F. Bredeek (Registrar's signature)

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) (c) Means of injury \_\_\_\_\_  
23. Signature Alvin D. Davis (M. D. or other) M.D.  
Address 7123 S. Kingshighway Date signed 12/11/46

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

41042

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

Signed Benny Duncan  
Licensed Embalmer No. 2272  
P. O. Address 1926 Allen 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.