

S. No. 300
OM-10-47
5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 6 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33994**
Registrar's No. **9312**

Primary Registration District No. **100's**

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Carpenter
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

4. Sex F 3. Color or race col
 6. (a) Single, widowed, married, divorced widow 2
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Nov 7th 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>11</u>	<u>17</u>	hr. min.

9. Birthplace Cobden Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor
 11. Industry of business Rice Stix mfg Co

MOTHER { 12. Name Charity Britton
 13. Birthplace Cobden Ill
(City, town, or county) (State or foreign country)
 14. Maiden name Charity
 15. Birthplace Wick Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Ruby Robinson
 (b) Address 2825 E. Easton ave

17. (a) Burial (b) Date thereof 10-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. B. Laster
 (b) Address 3133 N. Ball ave

19. (a) OCT 28 1948 (b) J. B. Laster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County B. H. L.
 (c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 1243 N Garrison 7
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) 0
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
 year 1948 hour 7 minute 48 P. M.
 21. I hereby certify that I attended the deceased from Oct. 14 1948 to Oct. 24 1948
 that I last saw her alive on Oct. 24 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death..... Pulmonary Tuberculosis, Far Advanced Undet.
 Duration.....
 Due to.....
 Due to.....
 Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations.....
 Of autopsy No
 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 Osborn L. Daniels (M. D. or other) 0
 Address 2601 N. Whittier St. Date signed 10/25/48

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. *2698*

P. O. Address *2769 Charlotte*

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.