S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37959

Registrar's No. 10465

1984

WRITE PLAINLY—USING 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: Barnes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 30 years

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. 220 N. Kingshighway
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Carpenter
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Alvin C. Carpenter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 27, 1871 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Lebanon Mo (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name (not known Farris
13. Birthplace not known (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name not known
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 (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1948 (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) DEC 2 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 2d year 1948 hour 6 minute 15 P.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Arterio Sclerotic heart disease; Fracture of right femur; when she fell to the floor in her room #1501, at Park Plaza, on Nov.
Due to 26, 1948, about 1:15 A.M.
ACCIDENT
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ACCIDENT
(b) Date of occurrence Nov. 26, 1948
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Her room (Specify type of place)
While at work? no (e) Means of injury see above
23. Signature Patrick E. Taylor Dep Cor (M. D. or coroner)
Address 1300 Clark Date signed 12-2-48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Chas M. Burke

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.