

No. 300  
10.48

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42819

State File No. 11132

318

1003

Registrar's No.

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> <u>8120</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	c. LENGTH OF STAY (In this place) <u>8 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Golden Garden, E. St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>325 Johnson Lane</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u> b. (Middle) c. (Last) <u>Carpenter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 15, 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Days <u>6</u>	IF UNDER 24 HRS. Hours <u>6</u>	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Yorkport, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Parker</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Clark</u>	14. NAME OF HUSBAND OR WIFE <u>John Carpenter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Katie Carpenter</u>	ADDRESS <u>365 Johnson Lane</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
	ANNEXED CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u>		
	OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Household Fracture left hip</u>		

19a. DATE OF OPERATION <u>12-15-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>household fracture neck of left femur</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>F. St. Louis St. Clair Ill.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 6, 1951 4:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell down steps and twisted</u>
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22. I hereby certify that I attended the deceased from 12/15/51, 1951, to 15, 1951, that I last saw the deceased alive on 12/15, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Jackson M.D.</u>	23b. ADDRESS <u>1324 No. Ave. E. St. Louis Ill</u>	23c. DATE SIGNED <u>12/15/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-19-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>E. St. Louis</u>	24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>DEC 17 1951</u>	REGISTRAR'S SIGNATURE <u>W. J. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Pesh</u>	ADDRESS <u>3877 Page</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

437

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *P. J. Nash* .....

Licensed Embalmer No. *2432*

P. O. Address *3847 Page Blvd*

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.