

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21829**  
Registrar's No. **5567**

**FILED** JUL 2 - 1952

**318**

**1003**

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 **Missouri** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2079**

d. FULL NAME OF HOSPITAL OR INSTITUTION **D.O.N. City Hospital** d. STREET ADDRESS (If rural, give location) **5200 N. Union Blvd.**

3. NAME OF DECEASED a. (First) **BERNICE** b. (Middle) **E.** c. (Last) **CARPENTER** 4. DATE OF DEATH (Month) (Day) (Year) **June 12, 1952**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **February 4, 1929** 9. AGE (in years last birthday) **23** IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) **Ruma, Illinois** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Emiel Scherle** 13b. MOTHER'S MAIDEN NAME **Mae Hess** 14. NAME OF HUSBAND OR WIFE **Raymond L. Carpenter**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Raymond L. Carpenter** ADDRESS **5200 N. Union**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) **External hemorrhage following gunshot wound of abdomen and chest; suffered while shot with gun that was accidentally discharged from hands of one Raymond Carpenter, husband of deceased in room 5400 N. Union about 9:25 pm June 12 1952**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **External hemorrhage following gunshot wound of abdomen and chest; suffered while shot with gun that was accidentally discharged from hands of one Raymond Carpenter, husband of deceased in room 5400 N. Union about 9:25 pm June 12 1952**  
ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
II. OTHER SIGNIFICANT CONDITIONS **Conditions contributing to the death but not related to the disease or condition causing death.**  
INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **9:25 pm June 12 1952** 20. AUTOPSY? **YES**  **NO**

21a. ACCIDENT (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **June 12 52 10 P** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **E9190**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:20 pm** from the causes and on the date stated above. **19**

23a. SIGNATURE **Patrick E. Taylor, M.D.** (Degree or title) 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **6.16.52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 17, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **JUN 16 1952** REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **W. A. Stock** ADDRESS **2117 E. Grand Blvd.**

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

(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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Frank C. Moore*

Licensed Embalmer No. 13041

P. O. Address 2117 E. Main

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.