

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27076

State File No.

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1872

1. PLACE OF DEATH a. COUNTY <u>UnSt. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 4294</u>		d. STREET ADDRESS (If rural, give location) <u>6725 Raymond</u>			
3. NAME OF DECEASED (Type or Print) <u>Joseph Carpenter</u> a. (First) b. (Middle) c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 22, 1881</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Fireman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Wagner Electric</u>		9. AGE (In years last birthday) <u>72</u> If under 1 year: Months Days Hours Min.			
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					
13a. FATHER'S NAME <u>John Carpenter</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Williams</u>			14. NAME OF HUSBAND OR WIFE <u>Josephine Carpenter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-09-9828A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emily Deloloye 6725 Raymond</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertrophied right kidney</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with generalized metastases</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>180A</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Mar.</u> , 19 <u>53</u> , to <u>July 5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>7-5</u> , 19 <u>53</u> , and that death occurred at <u>LOHDP m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Masses. Oswald M.D.</u>				23b. ADDRESS <u>607 N. Grand</u>		23c. DATE SIGNED <u>7/6/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laural Hills Gardens</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo. COUNTY</u>			
DATE REC'D BY LOCAL REG. <u>7-7-53</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ortmann F. Home 9222 Lackland</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

4006 /

Physician

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Al C Ostmann

Signed
Student Embalmer

Licensed Embalmer No. 3478

P. O. Address _____

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.