

4001

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027800
Stat. No.

FILED JUL 21 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1884

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>NORMANDY</u>		c. LENGTH OF STAY (in this place) <u>57 days</u>	c. CITY OR TOWN <u>University City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>7801 Groby Rd.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u>		b. (Middle) <u>Rose</u>	c. (Last) <u>Carpenter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 15 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 13, 1937</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Selling</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</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>Dorothy Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>499-38-6026</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John W Carpenter</u>		ADDRESS <u>7801 Groby Rd</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>GENERALIZED CARCINOMATOSIS</u>			5-19-58
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ADENO-CARCINOMA SPLENIC FLEURE</u>			1-15-58
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>153.1</u>
19a. DATE OF OPERATION <u>7-15-58</u>	19b. MAJOR FINDINGS OF OPERATION <u>ADENO-CARCINOMA SPLENIC FLEURE - MESENTERY. LIVER</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) <u>OMAHA</u>		(STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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>5-19</u> , 19 <u>58</u> to <u>7/15</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>7/15</u> , 19 <u>58</u> , and that death occurred at <u>11:58 AM.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Quint Gibson</u> (Degree or title) <u>Dr. 2</u>			23b. ADDRESS <u>5329 RIVERVIEW BLVD</u>		23c. DATE SIGNED <u>7/15/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-18-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAURAL HILL GARDENS</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>		
DATE REC'D BY LOCAL REG. <u>7-16-58</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dambem</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ORTMANN F. HOME</u>		ADDRESS <u>9222 LACKLAND OVERLAND, MO.</u>

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

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.....
Signature of Student Embalmer

Signed... *Al C. Ostmann*

Licensed Embalmer No. *347*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.