URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 3 1960

-60-009168

STATE FILE NUMBER

ENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 590

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b VOA 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis County Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Bridgeton — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 11401 Natural Bridge — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First ROY Middle ELSWORTH Last CARPENTER

4. DATE OF DEATH Month 2 Day 19 Year 1960

5. SEX Male
6. COLOR OR RACE WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-14-1890
9. AGE (last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICAL, OWN BUSINESS
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) MoKina, Ills.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm Edw. CARPENTER
13b. MOTHER'S MAIDEN NAME Mary Angeline Eilhooley
14. NAME OF HUSBAND OR WIFE MARJORIE

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. 490-12-890
17. INFORMANT MRS. MARJORIE CARPENTER — Address 11401 Nat. Bdg.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Senility & Generalized Arteriosclerosis
DUE TO (c) Mal Nutrition
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 8 1960, to Feb 19 9:45 and last saw her/him alive on Thursday Feb 17 1960
Death occurred at 9:45 Feb 19 1960 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] N.D.
22b. ADDRESS 1825 Ashby Overland Mo
22c. DATE SIGNED Feb 20 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 2-23-1960
23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S Cemetery
23d. LOCATION (City, town, or county) (State) Bridgeton, Mo.

24. FUNERAL DIRECTOR Arthur J. Donnelly — ADDRESS 3840 Linden
25. DATE RECD. BY LOCAL REG. 2-22-60
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Frances Hellion

Signature of Student Embalmer

Licensed Embalmer No. 3565

P. O. Address 3840 L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con 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.