

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
12150

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. 4211)
 Registration District No. 791
 Primary Registration District No. 1003

File No.....
 Registered No. 34022
 St..... Ward.....

2. FULL NAME

Melba E. G. Carpenter
 (a) Residence. No. 4211 Linton St. 70 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 25 1912
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
15 0 13
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work School girl
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Edw. W. Carpenter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Elsie Weirle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

14. INFORMANT Edw. W. Carpenter
 (Address) 4211 Linton

15. FILED APR 11 1927
Marb. Starckoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 8 1927
 17. I HEREBY CERTIFY, That I attended deceased from Feb 8 1927 to Apr 7 1927, that I last saw her alive on Apr 7 1927, and that death occurred, on the date stated above, at 2:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Infarction
90% (duration) 2 1/2 yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Acute
cause unknown (duration) 2 1/2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Yes
 IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Richard J. ..., M. D.
410, 1927 (Address) 6104 N. ...

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES State (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcees DATE OF BURIAL April 11 1927

20. UNDERTAKER Drehmann Funeral ADDRESS 1905 Union

WRITE FAIRLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

• Dr. R. K. Bevel

10-12 am

6104 N. Redwing

CA 95758