

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5203
 Do not use this space.

791
1003

Registered No. **1848**

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No.....

(c) City St. Louis (d) Street No. 5526 Clemens St. (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas B. Carpening 615

(a) Residence, No. American Hotel St. 25 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Augusta Carpening (late)</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 19, 1866</u>				
7. AGE		YEARS	MONTHS	DAYS
		<u>77</u>	<u>3</u>	<u>1</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>salesman</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>hosiery</u>			
	10. Date deceased last worked at this occupation (month and year).....			
				11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>				
FATHER	13. NAME <u>Thomas Jefferson Carpening</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>			
MOTHER	15. MAIDEN NAME <u>Mary Boyd</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>			
17. INFORMANT (ADDRESS) <u>Mr. J. C. Alint 5526 Clemens</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Hiram Cemetery</u> DATE <u>2-22-1938</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>Southern Funeral Home 6322 S Grand</u>				
20. FILED FEB 22 1938 <u>J. T. Brebeck</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2-20-1938</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>January</u> , 19 <u>35</u> , to <u>Feb. 19</u> , 19 <u>38</u>	
I last saw h. m. alive on <u>Feb. 16</u> , 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>2 A.</u> m.	
The principal cause of death and related causes of importance were as follows: <u>Carcinoma of Rectum</u>	
Other contributory causes of importance: <u>Arteriosclerosis, general</u>	
Name of operation <u>Exploratory lap</u> Date of <u>Jan 1937</u>	
What test confirmed diagnosis? <u>Biopsy</u> Was there an autopsy? <u>NO</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>—</u> Date of injury <u>—</u> , 19 <u>—</u> Where did injury occur? <u>—</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <u>—</u>	
Nature of injury <u>—</u>	
24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> If so, specify (Signed) <u>Geo. Bottlieb</u> , M. D. (Address) <u>607 N. Grand St. Louis Mo</u>	

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.

Assoc. of Licensed
Embalmers
University
12-24-19

STATEMENT BY LICENSED EMBALMER

I, Frank K. Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Frank Ludwig

No. 2504 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

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.)