

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

8605
Do not use this space.

1. PLACE OF DEATH ^{5201N ADD 12} 1938

(a) County 1 Registration District No.
 (b) Township Primary Registration District No. Registered No. **2370**
 (c) City St Louis (d) Street No. No Baptist Hosp 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 Mary Carpenter

(a) Residence, No. Paducah Ky St. **NR** (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William CARPENTER
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/20/1895
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 10 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1939
 22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 7:30 P m.
 The principal cause of death and related causes of importance were as follows:
Renorrhage due to byenal fracture of skull suffered when struck by Otis elevator operated by Walter Chas. Stearns in front of about 4608 Olive St. 9:40
 Other contributory causes of importance:
W.M. March 10th 1939

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Padaboro Ky
 13. NAME John Rayburn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 15. MAIDEN NAME Ella Dennington
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT (ADDRESS) Mary Kathryn Carpenter 1 Paducah Ky
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory #113/39
 19. FUNERAL DIRECTOR (ADDRESS) Morrigan & Sheahan Und C 4415 Washington Blvd.
 20. FILED **MAR 13 1939** J.P. Budee Local Registrar.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 3/10, 1939
 Where did injury occur? St. Louis (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place
 Manner of injury see above
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Alfred J. Perry, M.D.
 (Address) Deputy Coroner

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.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Homer W. Fritz

Licensed Embalmer No.....

3882

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, above space should be left blank.