

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5029 Cabanne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **40 Years.**
years, months or days

3. (a) PRINT FULL NAME **Elizabeth Carpenter.**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single.**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug 21 1865**
(Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **16** If less than one day hr. _____ min. _____

9. Birthplace **Maysville, Kentucky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labeler.—Unemployed 7 Yr.**

11. Industry or business **Sayman Soap Co. 1**

12. Name **Unknown. 9**

13. Birthplace **Unknown. 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown. 9**

15. Birthplace **Unknown. 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clara Crawford.**
(b) Address **5029 Cabanne Ave.**

17. (a) **Burial** (b) Date thereof **11-19-40.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia cem.**

18. (a) Signature of funeral director **By Leidner and Co.**
2223 St. Louis Ave.
(b) Address

19. (a) **NOV 19 1940** (b) **J. F. Friedrich**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____
(c) City or town **St. Louis.** **12**
(If outside city or town limits, write "RURAL")
(d) Street No. **5029 Cabanne Ave.**
(If rural, give location) **D**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **17** year **1940** hour **12** minute **50** A. M.

21. I hereby certify that I attended the deceased from **Oct 1**, 19**39**, to **Nov 17**, 19**40** that I last saw **her** alive on **Nov 16**, 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Hemiplegia R side caused by cerebral hemorrhage artery sclerosis** Duration **11/18/40**
Due to **artery sclerosis** **10/1/39**
Due to **chronic myocarditis** **9/1/39**

Other conditions **none** **93C**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no operations** Of autopsy **no autopsy**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **X**
(b) Date of occurrence _____
(c) Where did injury occur? **X** (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **T**

While at work? **X** (Specify type of place) (e) Means of injury **X**

23. Signature **Ed Wm T. Henschel** (M. D. or other) **MD**
Address **3500 N Grand** Date signed **11/18/40**

for Hincok 3500 N. Grand
8-19 A.M.
No 1358

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 L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St Louis av

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, fact should be so stated above.