

080
No. 2
1-4-41
5-17-39
X26390

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16787
4305
Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Alta Carpenter
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vines Carpenter
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased June 17, 1912
(Month) (Day) (Year)

8. AGE: Years 28, Months 11, Days 3
If less than one day _____ hr. _____ min.

9. Birthplace Shannon Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jess Thompson
13. Birthplace Unknown
14. Maiden name Ethel Dooley
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Vines Carpenter
(b) Address 4223 N. Broadway

17. (a) Removal (b) Date thereof 5/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAY 22 1941 (b) J. P. Bredbeck
(Date received at local health office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4223 N. Broadway
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20, year 1941 hour 1:30 minute _____ A. M.
21. I hereby certify that I attended the deceased from May 16, 1941 to May 20, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia
Due to liver disease, cause unknown
Duration _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of 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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature Paul Freedman (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 5/20/41

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

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 Ray W. Wilkinson
Licensed Embalmer No. 3575

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, fact should be so stated above.