. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38571 10527

Registration District No. 818 Primary Registration District No. 1003 Registrar's No.

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: Deaconess 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 46 5 321

(a) State Missouri (b) County St. L.
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 3125 Laclede
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Amelia L. Carpenter

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Percy Carpenter

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 13, 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 9 Days 1 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Wendelin Traub

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name Katrina Gertling

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Percy Carpenter
(b) Address 3125 Laclede

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) DEC 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1942 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 12th 1942 to Dec 14th 1942, that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma (Osteo) of Urinary Bladder.	7 mo.
Due to: Metastasis to Intestine Carcinoma.	1 mo.
Due to:	
Other conditions (Include pregnancy within 3 months of death): None	

Major findings:
Of operations: None
Biopsy only.
Of autopsy: None

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) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
While at work? None (Specify type of place) (e) Means of injury None

23. Signature Dr Scott Hener (M. D. or other) MD
Address 6347 Grand Blvd St Louis Date signed 12-16-42

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1951

APR 7 1951

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 J. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.