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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22848

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6528

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: 1411 Prather Avenue 3 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution En Route City Hospital (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 4
(d) Street No. 1411 Prather Avenue (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Attending Physician 0

3. (a) PRINT FULL NAME Willis C. Carpenter

3. (b) If veteran, name war No.

3. (c) Social Security No. 493-10-1624

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elsa Harmon

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 23, 1896 (Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation Car icer.

11. Industry or business St. Louis Independant Packing Co.

FATHER
12. Name Amos P. Carpenter
13. Birthplace Crawford County, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Florence Harmon.
15. Birthplace Crawford County, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Elsa Carpenter
(b) Address 1411 Prather Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) JUL 20 1943 (Date received local registrar) J. T. Breedlove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1943 hour 2 minute 45 P.M.

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

Immediate cause of death — Duration
Coronary Occlusion
Due to
Coronary Sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death) 94a
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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F. Callaway (M.D. or other)
Address Deputy Coroner Date signed 7/19/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1994

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.