

FILED JAN 20 1944
 Registration District No. 3448

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:
Louderman Bldg., 311th & Locust Sts.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Unknown
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
Missouri
 (a) State _____ (b) County _____
 (c) City or town St. Louis.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4525 Lindell Blvd.
 (If rural, give location)
 (e) Citizen of foreign country? -- (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Robert L. Carpenter
 (b) If veteran, name war No
 (c) Social Security No. 49V-05-786

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 7
 year 1944 hour about minute 12 M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Georgie Carpenter
 (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased: January 26, 1877
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 4, 1940 to Jan 7, 1943
 that I last saw him alive on Jan 3, 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 11 12 hr. min.

Immediate cause of death
Myocarditis, chronic Degenerative
 Duration Since 1936

9. Birthplace Dixon, Illinois
 (City, town, or county) (State or foreign country)

Due to General Arterio Sclerosis

10. Usual occupation Auditor

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

11. Industry or business _____

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name John R. Carpenter
 13. Birthplace Lockport, New York
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Little
 15. Birthplace Dixon, Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Georgie R. Carpenter
 (b) Address 4525 Lindell Blvd.

17. (a) Burial (b) Date thereof 1 9 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, Missouri

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

18. (a) Signature of funeral director Walter H. Hellmuth
 (b) Address 3634 Gravois Ave.

(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?
by rail
 (Specify type of place) _____
 While at work? _____ (e) Means of Injury _____

19. (a) JAN 8 1944 (b) J. F. Suedch
 (Date received local registrar) (Registrar's signature)

23. Signature Hisant. Puyett (M.D. or other) MD
 Address 3720 Washington Blvd Date signed 1/2/43

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.....

Frank J. Dyland

Licensed Embalmer No.

2675

P. O. Address.....

St. Louis, Mo.

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.