

S. No. 2
 M-5-42
 v. 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **21595**
4377
 Registrar's No.

FILED JUN 20 1946
318
 Registration District No.

Primary Registration District No.

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..... **Enroute City Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... **Illinois** (b) County..... **Cook**
 (c) City or town..... **Chicago**
 (If outside city or town limits, write "RURAL")
 (d) Street No..... **1851 N. Whipple St.**
 (If rural, give location)
 (e) Citizen of foreign country?.....
 If yes, name country.....

3. (a) PRINT FULL NAME..... **Arthur A. Carpenter**
3. (b) If veteran, name war..... **No**
3. (c) Social Security No..... **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **June** day..... **1**
 year..... **1946** hour..... minute..... **55 P.M.**
21. I hereby certify that I attended the deceased from.....
 that I last saw him..... alive on.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

4. Sex..... **Male** **5. Color or** race..... **White**
6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Louise**
6. (c) Age of husband or wife if alive..... **58** years
7. Birth date of deceased..... **April 1 1876**
 (Month) (Day) (Year)

Duration.....
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

8. AGE: Years..... **70** Months..... **2** Days..... **0**
 If less than one day..... hr. min.

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace..... **Papillion Nebraska**
 (City, town, or county) (State or foreign country)
10. Usual occupation..... **Retired R R Employee**

Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

11. Industry or business..... **Chicago & Mil. R.R.**
12. Name..... **Unknown**
13. Birthplace..... **Unknown**
 (City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown**
 (City, town, or county) (State or foreign country)

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.....

16. (a) Informant..... **Clarence V. Paetzke**
(b) Address..... **1941 W. Bradley St., Chi., Ill.**
17. (a) Removal..... (b) Date thereof..... **6-3-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Chicago, Ill.**
18. (a) Signature of funeral director..... **Albert H. Hoppe**
(b) Address..... **4700 Washington Blvd.**
19. (a) JUN 3 1946 (b) **J. F. Busch**
 (Date received local registrar) (Registrar's signature)

23. Signature..... **Dr. E. J. Taylor** (M. D. or other)
 Address..... **Reg. Coroner** Date signed..... **6/2/46**

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.....

Henry M. Brammer

Licensed Embalmer No..... *4200*.....

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.