

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED SEP 9 1946
318

State File No. _____
Registrar's No. **7318**

Registration District No. _____ Primary Registration District No. **1003**

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:
St. Mary's Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether _____)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME James Bert Carpenter

3. (b) If veteran, name war No 1

3. (c) Social Security No. _____

4. Sex Male **5. Color or race** A. Negro

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

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

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased. October 10, 1916
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>29</u>	<u>10</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Brookfield Mississippi
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business T. J. Moss Tin Plant

MOTHER

12. Name Norah Carpenter

13. Birthplace Brookfield Mississippi
 (City, town, or county) (State or foreign country)

14. Maiden name Lula Ingram

15. Birthplace Brookfield Mississippi
 (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Carpenter

(b) Address 426 Converse Ave

17. (a) Removal _____ **(b) Date thereof** Aug. 23 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ill.

18. (a) Signature of funeral director J. F. Brede

(b) Address 3827 Park

19. (a) AUG 23 1946 **(b)** _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

(c) City or town E. St. Louis
 (If outside city or town limits, write "RURAL")

(d) Street No. 622 Converse Ave
 (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) _____

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22
 year 1946 hour 10 minute 30 A.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 Peritonitis following gunshot wound of abdomen
paralytic ileus
due to gas in the hands of one Henry Moore cal.
up the home 622 Converse St. East St. Louis Ill. around 10:00 AM Aug 18, 1946.

Other conditions 10:00 AM Aug 18, 1946
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy 766

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) Homicide

(b) Date of occurrence Aug 18 1946

(c) Where did injury occur? East St. Louis Ill.
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) _____
 (e) Means of injury in club

Signature Alfred Perry (M. D. or other) _____
 Address _____ Date signed 8/23/46

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.....

Licensed Embalmer No. 2482

P. O. Address 3847 Payne

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.