

FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34993  
Registrar's No. 9081

Registration District No. 318 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:  
Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 2 hrs. 10 Min.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 934 Mullanphy  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... Alice Jean Carpenter  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... F 5. Color or race..... Negro  
6. (a) Single, widowed, married, divorced..... 0  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... 9 21 1946  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 hr. 10 min.

9. Birthplace..... St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER  
12. Name..... Samuel Carpenter  
13. Birthplace..... Port Gibson Miss.  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Rosie Lee James  
15. Birthplace..... Vicksburg Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Esther M. Sherard, R.R.d.  
(b) Address..... 2601 N. Whittier St.

17. (a) Burial (b) Date thereof..... OCT 24 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... CITY CEMETERY

18. (a) Signature of funeral director..... V. B. Hudson  
(b) Address..... City Reach Dept

19. (a) OCT 24 1946 (Date received local registrar)  
(b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21  
year 1946 hour 6 minute 15 P.M.  
21. I hereby certify that I attended the deceased from.....  
9-21, 1946 to 9-21, 1946  
that I last saw her alive on 9-21, 1946  
and that death occurred on the date and hour stated above.

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

Duration  
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?  
While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature..... W. H. Pinkles (M. D. or other)  
Address 2601 N. Whittier St. Date signed 10-21-46

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

30810

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**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.....

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.**