

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8797

WRITE PLAINLY—USING 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:
2916 Franklin Ave... /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri..... (b) County... 000

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

(d) Street No. 2916 Franklin Avenue.....
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME John D. Carpenter

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th
year 1947 hour 12 minute 45 P.M.

4. Sex Male 2/5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive... 31 years

7. Birth date of deceased... May 4 1916
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him alive on....., 19.....;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>4</u>	<u>11</u> hr. min.

Immediate cause of death: Internal Hemorrhage from stab wound of left chest with bullet knife as the hands of one Lee Andrew Johnson (col) in the home 2916 Franklin Ave around 12:45 P.M. Sept 15 1947

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

Other conditions... (Include pregnancy within 3 months of death)

10. Usual occupation... Butcher

Major findings: Of operations... W

11. Industry or business.....

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)

16. (a) Informant... Georgia Carpenter

(b) Address... 2916 Franklin Ave.

17. (a) Burial..... (b) Date thereof... 9-21-47
(Place, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... St George Cem. St Louis, Mo

18. (a) Signature of funeral director... G. Wade Granberry

(b) Address... 4202 Finney Ave

19. (a) SEP 19 1947..... (b) J. Bledock
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause of 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... Sept 15 1947

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place... Home
(Specify type of place)

(e) Means of injury... knife

23. Signature... Patrick E Taylor Sep 18 1947
Address... 1300 Clark Date signed... 9-18-47

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.....

Melvin E. Green

..... Licensed Embalmer No. *4428*

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.