

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

2353-

State File No. \_\_\_\_\_  
 Registrar's No. **67**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <b>Missouri</b> b. COUNTY: <b>2137</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>3912 Clayton Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>GEORGE CARPENSIA</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>1/2/50</b>	(Month)	(Day)	(Year)
---	------------	-------------	-----------	--------------------------------	---------	-------	--------

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7/26/91</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Days	Hours	Min.
--------------------	-------------------------------	---	---------------------------------	---	------------------------	----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Packing House</b>	11. BIRTHPLACE (State or foreign country) <b>Romania</b>	12. CITIZEN OF WHAT COUNTRY?
--	--	--	------------------------------

13a. FATHER'S NAME <b>Steve Carpensian</b>	13b. MOTHER'S MAIDEN NAME <b>Saveta Yenica</b>	14. NAME OF HUSBAND OR WIFE <b>Persa Carpensian</b>
--	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Persa Carpensian</b>	ADDRESS <b>3912 Clayton Ave.</b>
---	-------------------------	---	----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary tuberculosis arrested</b>		<b>9 yrs.</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>fall</b>
---	--	--

22. I hereby certify that I attended the deceased from **June, 1940**, to **1/2/50**, 19\_\_\_\_, that I last saw the deceased alive on **1/2/50**, 19\_\_\_\_, and that death occurred at **1:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. H. BINDERUTZ</b> (Degree or title) <b>Sur. V.</b>	23b. ADDRESS <b>5203 Chapman</b>	23c. DATE SIGNED <b>1/3/50</b>
--	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/5/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. <b>JAN 4 1950</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>CHULICK FUNERAL HOME 1722 S. Jeffer</b>
--	--	---	--

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Alex A. Cleveland Jr.*

Licensed Embalmer No.

*4143*

P. O. Address

*1727 S. Jefferson*

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.