

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8133

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 570 Registrar's No. 656

40002

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton Wellston</u>	
c. LENGTH OF STAY (in this place) <u>5 months</u>		d. STREET ADDRESS (If rural, give location) <u>6721 Raymond</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Hospital, Clayton, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) <u>CARPENTER</u> c. (Last) <u>CARPENTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 24 53</u>		
5. SEX <u>Female</u>		6. COLOR OF RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec. 24, 1880</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO. U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. Gamache</u>		13b. MOTHER'S MAIDEN NAME <u>Anetta G. Sell</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Carpenter</u>		ADDRESS <u>6721 Raymond</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arterid nephrosclerosis</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH <u>3 10 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <u>Arterioscler nephrosclerosis</u>			
		DUE TO (b) <u>High blood pressure & high cholesterol</u>			
		DUE TO (c) <u>Arteriosclerotic cardiac vascular disease</u>			
11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/4/53</u>	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20. ACCIDENT SUICIDE HOMICIDE (Specify)		21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>12-21, 1953</u> , to <u>2-24, 1953</u> , that I last saw the deceased alive on <u>2-24, 1953</u> , and that death occurred at <u>12 Noon</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles E. Nichols M.D.</u>		23b. ADDRESS <u>6018 Brentwood Clayton</u>		23c. DATE SIGNED <u>2-25-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 27, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LIZARD HILL</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert R. Domb-SPORTMANN'S</u>		ADDRESS <u>Funeral Home</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert R. Domb-SPORTMANN'S</u>		ADDRESS <u>Funeral Home</u>			

(Licensed Embalmer's Statement on Reverse Side)

Overland-Mo.

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

A. C. Ortman

Licensed Embalmer No. 3478

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.