MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28871

File No. 8427

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis (No. St Johns Hospital St. Ward)

2. FULL NAME Lawrence F. Carroll,

(a) Residence. No. Melbourne Hotel St., 19 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. | How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch 15th 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	6	5	

8. OCCUPATION OF DEACESED

(a) Trade, profession, or particular kind of work Retired Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John L Carroll

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Hannah Magner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland

14. INFORMANT William Carroll
(Address) Melbourne Hotel

15. SEP 22 1927 Filed, 19 May C Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/20 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 17th, 1927, to 9/20, 1927, that I last saw h... alive on Sept 20th, 1927, and that death occurred, on the date stated above, at 6.25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1/13

Ca Cancer involving pancreas and duodenum

5/E (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mental involvement (duration) yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 21st 27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms

(Signed) Jordan Bailey, M. D

9/21, 1927 (Address) 611 Metrop Bldg St Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Vandalia Ill. | DATE OF BURIAL 9-23 1927

20. UNDERTAKER Arthur J Donnelly | ADDRESS 2039 Walton

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Fred Bailey
Mat Bedg.
Jff 4584
10-12