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

Do not use this space. 13092

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 3650

City St Louis (No. Hamilton Hotel St. ..... Ward)

2. FULL NAME Eleanor Carroll

(a) Residence. No. 956 Hamilton St., 5 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)
Female	White	Widow

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Joseph Charles Carroll

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt.	70	Unknown		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) D. C.

PARENTS

10. NAME OF FATHER Unknown Simms

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

12. MAIDEN NAME OF MOTHER Unknown Reynolds

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

14. INFORMANT Mrs Thomas D Cannon
(Address) 6400 Natt Bridge Road

15. FILED 2[illegible], 19[illegible] Max C. Harkey Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1929

17. I HEREBY CERTIFY, That I attended deceased from February 3, 1929, to March 24, 1929 that I last saw her alive on March 18, 1929, and that death occurred, on the date stated above, at 2 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
93c
.99
(duration) 2 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 3 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? NB
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Geo Richter, M. D.
3-24, 1929 (Address) 3538 Humphrey

*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	DATE OF BURIAL
Norfolk Va	3-26 1929

20. UNDERTAKER	ADDRESS
Arthur J Donnelly	2039 Wash St

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.

[illegible]
[illegible] 3 5 [illegible]
1-3 [illegible]