

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

Do not use this space.

37804

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4655, St. Louis) St. Ward)

File No.
Registered No. 10910

2. FULL NAME

Michael J. Carroll
(a) Residence. No. 4655 Wyden St. 11 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 18 - 1946

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>8</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Peddler
(b) General nature of industry, business, or establishment in which employed (or employer) Huckster
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Alton Junction
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER John B. Carroll

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

12. MAIDEN NAME OF MOTHER Mary McDonald

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

14. INFORMANT Ella Carroll
(Address) 4655 St. Louis

15. FILED 10 100 Max C. Starnitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 17 19 37
17. No Physician or Attending
I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at 6:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [Signature] M. D.
11/18, 1937 (Address) Specy, Coroner

*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 Cemetery DATE OF BURIAL 11-19 1937

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 West 44

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

