

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

Do not use this space.

8238

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No.....
 City **St. Louis** (No. **3856 Easton Ave**) St. Ward.....

File No.
 Registered No. **2631**
 St. Ward.....

2. FULL NAME **Henry Carroll**

(a) Residence. No. **3856 Easton Ave** 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** **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 16 - 1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
74 **9**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

10. NAME OF FATHER **Joseph Carroll**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
12. MAIDEN NAME OF MOTHER **Catharine McPherson**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

14. INFORMANT **Mary Carroll**
 (Address) **3856 Easton Ave**

15. FILED **Mar 21 1931** **Wm. C. Starker** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb 25 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Feb 29 1931 to Feb 25 1931**
 that I last saw him alive on **Feb 25 1931**, and that death occurred, on the date stated above, at **3 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS: **Chronic Myocarditis**

CONTRIBUTORY (SECONDARY) **Bronchitis**
non-tubercular (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **0 9900**
19. PLACE OF DEATH **1**
DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....
WAS THERE AN AUTOPSY? **No**
WHAT TEST CONFIRMED DIAGNOSIS? **Physical findings**
 (Signed) **Geo. B. Rogers** M. D.
7/26. 1931 (Address) **3442 Grandview**

*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 **Jerseyville Illinois Feb 28 1931**

20. UNDERTAKER **Cullum Bros 1716 1/2 Grandview**

E. 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.

3442 Geraldine A

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