

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.

MAY 28 1932

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

Do not use this space.

13832

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 790 File No. _____
 2 Township Central Primary Registration District No. 0003 Registered No. _____
 7 City Clayton (No. County Hospital) Ward _____

2. FULL NAME John Carroll
 (a) Residence No. 6144 Minerva St. _____ Ward. Wellston
 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 2 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 245

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rome Ga

13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Lertie Carroll
 (ADDRESS) 6144 Minerva

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk DATE 5/2 1932

19. UNDERTAKER (ADDRESS) A. Russell and Co
2732 Pine Blvd.

20. FILED mail 19 02 N. W. Sullivan
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1932, to April 28, 1932
 I last saw h. alive on April 28, 1932 Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma sigmoid Date of onset _____
Embolic
160
970 460
710
 Other contributory causes of importance: Anemia 0

Name of operation deparatory & chole Date of 4-29-32
 What test confirmed diagnosis? Biology Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Dr. O. P. Hauptmann, M. D.
 (Address) St. Louis Co Hospital

