

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

Do not use this space.

1. PLACE OF DEATH
96 County St. Louis Co Registration District No. 1170 File No. 24079
7 Township Central Primary Registration District No. 6248 Registered No. 149
7 City Rehoboth, (No. St. Marys Hospital) St. _____ Ward _____

2. FULL NAME Patrick Carroll
(a) Residence, No. 3579 Cook Ave. 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~~) Anna Carroll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1857

7. AGE YEARS 75 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of St. Louis
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) Ireland 15

FATHER 13. NAME Patrick Carroll
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1

MOTHER 15. MAIDEN NAME Bridget Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Anna Carroll
(ADDRESS) 3579 Cook Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE July 28 19

19. UNDERTAKER John P. Calverly
(ADDRESS) 978 N. Grand St.

20. FILED 7/27 19 32 6 Jeuser
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1932

22. I HEREBY CERTIFY, that I attended deceased from July 23 1932, to July 25 1932
I last saw him alive on July 25 1932 Death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia - Date of onset 3/25
108
191
162
Other contributory causes of importance:
Heart Prostration
Old age.

Name of operation Date of
What test confirmed diagnosis? X-Ray 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? No
If so, specify Calverly
(Signed) Calverly
(Address) 415 Beaumont Bldg.

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.

AUG 07 1932

