

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **M.O. Baptist Sanitarium** St. Ward)

File No. **24486**
 Registered No. **5860**

2. FULL NAME

(a) Residence, No. **James J. Carroll** St. **15** Ward.
 (Usual place of abode) **American Hotel** (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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-14-1865		
7. AGE	YEARS 68	MONTHS 7
	DAYS 16	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor	11. Total time (years) spent in this occupation 5
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired)	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.		
FATHER	13. NAME John Carroll	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
MOTHER	15. MAIDEN NAME Marie Flannery	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
17. INFORMANT Robert Koolan (ADDRESS) 1718 N. Grand		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE July 5, 1933		
19. UNDERTAKER Oullinane Bros. (ADDRESS) 1718 N. Grand Ave.		
20. FILED 666 - 3 1933 J. A. Bredeck Registrar.		

4. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July - 2, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Mar 20, 1933** to **July 2nd, 1933**

I last saw him alive on **July 1st, 1933** Death is said to have occurred on the date stated above, at **8²² A.m.**

The principal cause of death and related causes of importance were as follows:

Carcinoma lower lip.	Date of onset
Advanced with metastases to neck, deep lymph nodes, Tongue & pharynx	1930

Other contributory causes of importance: **None**

Operation: **Resection of neck** **5-22-33**
Tracheostomy **6-12-33**

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **X** 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 **No**
 (Signed) **V. C. Lauder** M. D.
 (Address) **302 University Club Bldg.**
St. Louis, Mo.

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.

Ch. Landres
University Club
Je 6980