

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.

JUL 27 1936

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

Do not use this space. ✓

25078

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
Township _____ Primary Registration District No. 6248 B
City Jefferson Barracks (No. Veterans Administration Facility) St. _____ Ward _____

File No. _____

Registered No. 218

2. FULL NAME Roland W. CARROLL

(a) Residence, No. 4950 Lillbourn St. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. OWN 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 Mrs. Margaret Carroll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
39 9 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jewelry Business
10. Date deceased last worked at this occupation (month and year) Unavailable 11. Total time (years) spent in this occupation Unav.

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME Martin Carroll

14. BIRTHPLACE (CITY OR TOWN) Sulphur Springs
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Healey

16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

17. INFORMANT M. Schellie Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 13, 1936

19. UNDERTAKER Cullinane Bros.
(ADDRESS) 1710 N. Grand Blvd.

20. FILED Small 1936 E. Mowrey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 19 36

22. I HEREBY CERTIFY, That I attended deceased from June 6, 19 36, to June 10, 19 36

I last saw him alive on June 10, 19 36 Death is said

to have occurred on the date stated above, at 2:10 m. a. m.
The principal cause of death and related causes of importance were as follows:

Septicemia

Date of onset Unkn.

Other contributory causes of importance: Acute Cystitis and Prostatitis Unkn.

Name of operation None Date of _____
Clinical manifestations and What test confirmed diagnosis? _____ Was there an autopsy? Yes
autopsy findings

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) C. W. HUGHES, M. D.
Chief Med. Officer, Vet. Adm. Facility,
(Address) Jeff. Brks., Mo.

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