

DEC 3 1936

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

Do not use this space.

42591

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003City St. Louis(No. 650 Rosedale Ave.)

File No.....

Registered No. 11098

St. Ward)

2. FULL NAME Roy T. Carroll.(a) Residence, No. 6202 Suburban Ave. St. NR Ward.St. Louis County.

(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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
|-----------------------|----------------------------------|---|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frieda Carroll.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 26, 1900.

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>36</u> | <u>9</u> | <u>10</u> | |

| | | |
|------------|---|------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | <u>Laborer</u> |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | <u>Fried. Julius Schmidt</u> |
| | 10. Date deceased last worked at this occupation (month and year) | |
| | 11. Total time (years) spent in this occupation | |

12. BIRTHPLACE (CITY OR TOWN) Oak Hill, Missouri.
(STATE OR COUNTRY)13. NAME Lester Carroll.14. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)15. MAIDEN NAME Cora Sauders.16. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)17. INFORMANT Mrs. Frieda Carroll
(ADDRESS) 6202 Suburban Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Charles Cem. DATE November 7, 193619. UNDERTAKER Les. P. Reitsch Inc.
(ADDRESS) 5766 Eastman Ave.20. FILED NOV 6 1936
J. H. Beck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at 7:15 p.m.

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

Date of onset

Shock & Burns (3d degree
burns of entire body due to
clothing becoming ignited
during a fire at the Fried
Julius Schmidt Co., St. Louis, Mo.
Other contributory causes of importance:
Burnings 1st & 2nd degree of
body (chest & back)

Name of operation Accident Date ofWhat test confirmed diagnosis? Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/5, 1936Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In IndustryNature of injury 3rd degree burns of body24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Occupation of deceased(Signed) Sarah J. Beck M-D.(Address) Beck

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.

