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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3423

Registered No. 455

1. PLACE OF DEATH

County 96

Township

City 39 St. Louis (No. Lutheran Hospital St. Ward) 9

2. FULL NAME Winfield Scott Carrol

(a) Residence. No. Terminal Hotel St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie A. Carrol

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15th 1848

7. AGE: Years 88 Months 6 Days 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Retired) 26

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) Dayton Ohio 7

FATHER

13. NAME John Carrol

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

17. INFORMANT (ADDRESS) John T. Stutz 311 N. Market Street.

18. ~~BURIAL~~ CREMATION. ~~OR REMOVAL~~

PLACE Valhalla DATE Jan 12th 1937

19. UNDERTAKER (ADDRESS) Wagoner Undertaking Co 3621 Olive Street

20. FILED JAN 12 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1937 to Jan 9 1937

I last saw him alive on Jan 9 1937 Death is said to have occurred on the date stated above, at 7 48 a.m.

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

	Date of onset
Lobar Pneumonia	Jan 8

Other contributory causes of importance: Hardening arteries - Nephritis

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) A. W. Drake, M. D.

(Address) 3651 Bramell Ay.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

3651 Grandel Square