

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

Do not use this space.

1. PLACE OF DEATH

County.....

FEB 8 1937 **791**
Registration District No.

File No. **3919**

Township.....

Primary Registration District No. **1003**

Registered No. **957**

City **St. Louis**

(No. Home for the Aged **8**)

St. Ward

2. FULL NAME

Catherine Carroll

(a) Residence, No. **3400 So. Grand Blvd., St., 16** Ward. **1**
(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 **Female** 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) **Dont Know.**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
About 70 -- -- --

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **At home**

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

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) **England.**

13. NAME **John Carroll**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

15. MAIDEN NAME **Frances Magee**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT **Sister Seraphine**
(ADDRESS) **3400 So. Grand Blvd.**

18. BURIAL, CREMATION, OR REMOVAL

SS. Peter & Paul Cem. DATE Jan. 21, 1937

19. UNDERTAKER **J. H. Gibbons L. & Co.**
(ADDRESS) **2842 Meramec St.**

20. FILED **21 10 1937**
J. A. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 19 1937**

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.....

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

Arterio-sclerosis
Heart disease
 Died suddenly without previous complaint.
Other contributory causes of importance

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?..... 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.....

(Signed) **J. A. Bredeck**, M. D.

(Address) **Union Club**

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.

96
899

