NOV 23 1937

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

Do not use this space. 38898

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 790

(b) Township — Primary Registration District No. 6038 — Registered No. 399

(c) City Clayton — (d) Street No. St. Louis County Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 64 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maurice Carroll

(a) Residence, No. Creve Couer Lake St. Louis Co St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24th. 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
64	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as 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) St. Louis Mo.

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La

MOTHER

15. MAIDEN NAME Margaret Brennan

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

17. INFORMANT Mary Lowery
(ADDRESS) 4247 Maffit Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE Nov 2nd. 1937

19. FUNERAL DIRECTOR Harrigan & Sheahan Und Co
(ADDRESS) 4415 Washington Blvd.

20. FILED 11/1 1937 Dr. C. J. Tignorelli
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/30 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/1/37, 1937, to 10/30/, 1937

I last saw him alive on 10/30, 1937. Death is said to have occurred on the date stated above, at 9 P m.

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

	Date of onset
Pulmonary edema c̄ Pneumonia	
General anasarca	

Other contributory causes of importance
Fracture - left hip

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8-22-37, 19
Where did injury occur? lackland & Marine
Creve Coeur (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury fell at home
Nature of injury fracture left hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) L. M. Avonbery, M. D.
(Address) St. Louis County Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Albert G Hoppe, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by MU

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Albert G Hoppe

Licensed Embalmer No. 2971

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)