

DEC 13 1937

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

39587

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **W. Paul Hospital** Registered No. **10574**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Joseph Carroll
 (a) Residence, No. **2258 Belt Ave.** - St. **6**
 (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 Male	4. COLOR OR RACE Wh	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) March 14, 1875		
7. AGE	YEARS	MONTHS
31	62	8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		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.		
13. NAME Thomas Carroll		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
15. MAIDEN NAME Julia Harty		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
17. INFORMANT (ADDRESS) Bridget Blitch 2958 Belt Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 16, 1937		
19. FUNERAL DIRECTOR (ADDRESS) Chas. J. Stuart 1227 Union Blvd.		
20. FINDER St. Piedad Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 14, 1937**
 22. I HEREBY CERTIFY, That I attended deceased from **Oct 20, 1937, to 11-14-37**
 I last saw him alive on **11-14-37** Death is said to have occurred on the date stated above, at **8:55 P.M.**
 The principal cause of death and related causes of importance were as follows:

Sarcosis of mesentery
Pertussis per perforation
None
 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?..... 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 **Yes**
 (Signed) **J. W. Hays**, M. D.
 (Address) **405 Tenth Blvd**

(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.

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STATEMENT BY LICENSED EMBALMER

I, Bernard Stuart, Licensed Embalmer No. 3500

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Bernard Stuart
Licensed Embalmer No. 3500

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