

REC'D JUN 9 1938

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

791  
100317002  
Do not use this space.

Registered No. 4863

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis (d) Street No. Jewish Hosp. St. Mo.  
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

- Carolyn Mae Taryle 640  
(a) Residence, No. 7306 Tulane St. Mo.  
(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6, 1934</u>			
7. AGE	YEARS <u>3</u>	MONTHS <u>11</u>	DAYS <u>20</u>
			If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>nil</u>		
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
	13. NAME <u>William Taryle</u>		
MOTHER	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>New York N.Y.</u>		
	15. MAIDEN NAME <u>Rose Marie Fine</u>		
			16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>St. Louis Missouri</u>
17. INFORMANT <u>Mr. William Taryle</u> (ADDRESS) <u>7306 Tulane</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bnai Amoona</u> DATE <u>5/26</u> 19 <u>38</u>			
19. FUNERAL DIRECTOR <u>H. B. Berger</u> (ADDRESS) <u>4715 McPherson</u>			
20. FILED <u>MAY 26 1938</u> <u>J. P. Budack</u> Local Registrar.			

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25<sup>th</sup> 1938, to May 26<sup>th</sup> 1938  
I last saw her alive on May 26<sup>th</sup> 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Tonsillectomy and Adenoidectomy  
Post-operative bleeding  
(Operations for enlarged thyroids)  
67  
Date of onset

Other contributory causes of importance:  
Enlarged thyroids  
Lymphatic hyperplasia of G. I. tract

Name of operation Tonsillectomy and adenoidectomy Date of 5-20-38  
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? No  
If so, specify.....  
(Signed) W. H. Pelz (PELZ), M. D.  
(Address) no. 345

STATEMENT BY LICENSED EMBALMER

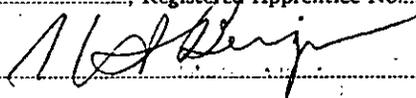
I, Herbert I. Berger, Licensed Embalmer No. 1597

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



Licensed Embalmer No. 1597

**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.)**