

REC'D AUG 11 1939

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

24160
Do not use this space.

1. PLACE OF DEATH

(a) County..... / Registration District No..... 791
(b) Township..... / Primary Registration District No..... 1003
(c) City or Town..... St. Louis, Mo. (d) Street No..... City Infirmary, 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 6433

2. PRINT FULL NAME

Frank. Carroll. 644
(a) Residence, No. 5800 Arsenal. St. 13
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 26

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

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) Nashville
(STATE OR COUNTRY) Tenn.

13. NAME Patrick Carroll

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

15. MAIDEN NAME Mary Durnon.

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

17. INFORMANT E. Sanders.
(ADDRESS) 5800 Arsenal.

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. DATE JULY 22, 1939

19. FUNERAL DIRECTOR (NAME) E. J. Schum
(ADDRESS) 2125 Lafayette Ave

20. FILED JUL 21 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1939.

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1939 to July 19, 1939.

I last saw him alive on July 19, 1939. Death is said to have occurred on the date stated above, at 11:30 AM.

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

Cardiac Failure
Sarcocystic Hb. Disease

Date of onset

Other contributory causes of importance:

Arteriosclerosis
marked Emaciation
B. P. 80/50, probably caused
by gastro-intestinal tract

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?

If so, specify (Signed) E. J. Schum, M. D.
(Address) 5800 Arsenal St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed jos. B. Vollmer
Licensed Embalmer No. 4014
P. O. Address 312 Lafayette

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.)
If this body is not embalmed, above space should be left blank.