

Registration District No. 791

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days
(Specify whether
In this community 30yrs
years, months or days)

3. (a) PRINT FULL NAME Francis Carroll
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annabell 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Jan 1st. 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 2 If less than one day hr. min.

9. Birthplace Woodriver Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Huckster

11. Industry or business Self

12. Name John Carroll

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary McConnell

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Annabell Carroll

(b) Address 3930 Penrose Ave

17. (a) Burial (b) Date thereof 4/25/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemt

18. (a) Signature of funeral director Harrison & Sheahan Und Co

(b) Address 4415 Washington Blvd

19. (a) APR 24 1941 (b) J. W. Bredack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town 3930 Penrose St
(If outside city or town limits, write "RURAL")
(d) Street No. St. Louis
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23,
year 1941 hour 4:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from April
1, 19 41 to April 23, 19 41

that I last saw her alive on April 23, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

arteriosclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature M. M. Karl (M. D. or other) _____

Address 1515 Lafayette Avenue Date signed 4/23/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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..... *Homer W. Fritz*

Licensed Embalmer No. *3882*

P. O. Address.....

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, fact should be so stated above.