

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1000

Registrar's No. 1240

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town St. Louis.  
(c) Name of hospital or institution:  
4453 West Pine Blvd.  
(d) Length of stay: In hospital or institution 14 Years.  
In this community 14 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 19  
(c) City or town St. Louis.  
(d) Street No. 4453 West Pine Blvd.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Kathleen E. Carroll.

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F. 5. Color of race W. 6. (a) Single, widowed, married, divorced. Single.  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased: March 15, 1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 23 If less than one day hr. min.

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

10. Usual occupation At Home.

11. Industry or business

12. Name Richard Carroll.  
13. Birthplace New Orleans.  
14. Maiden name Katie Gilroy.  
15. Birthplace Missouri.

16. (a) Informant Marie Carroll Kennedy.  
(b) Address 4453 West Pine Blvd.

17. (a) REMOVAL: (b) Date thereof 2-10-42  
(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) 3840 Linfield Blvd.  
19. (a) FEB 9 1942 (b) J. F. Prebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th.  
year 1942 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from 2/10/38  
to 2/8/42  
that I last saw her alive on 2/8/42  
and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy Duration 7.

Due to: Hypertension, pleuritis chronic 2 yrs  
Due to: bc 2 yrs

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

Major findings: Of operations: 1/31  
Of autopsy:   
PHYSICIAN: Underline the cause to which death should be charged statistically.

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?   
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (e) Means of injury   
23. Signature: John A. Barger (M. D. or other) M.D.  
Address: 3115 So. Spruce Date signed: 2/9/42

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

MOTHER FATHER

115-8. General Board  
W. J. Morgan

**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 W. H. Van Matre  
Licensed Embalmer No. 2825  
P. O. Address 4340 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, fact should be so stated above.**