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S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4182
1392

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1005

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 11 Days
(Specify whether years, months or days) In this community 4 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25-020
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1016 North B'dway. 9
(If rural, give location)
(e) Citizen of foreign country? Scotland 7 (Yes or No)
If yes, name country Scotland 1

3. (a) PRINT FULL NAME

Peter Carroll

3. (b) If veteran, name war

Unknown

3. (c) Social Security No.

Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased January 2, 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 9 If less than one day hr. min.

9. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

MOTHER FATHER

12. Name Peter Carroll 4

13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Agnes McElroy 4

15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital #1

17. (a) BURIAL (b) Date thereof 2-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAVVARY

18. (a) Signature of funeral director Hullen & Kelly

(b) Address 1416 N. Taylor Ave.

19. (a) FEB 14 1942 (b) J. D. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11, year 1942 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from February 1, 1942 to February 11, 1942 that I last saw him alive on February 11, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis Generalized arteriosclerosis

Due to [Signature]

Due to [Signature]

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

Major findings: Of operations [Signature]

Of autopsy as above [Signature]

Duration

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? (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) (e) Means of injury

23. Signature Drew on Paterson (M. D. or other) 2/13/42
Address 1515 Lafayette Ave. Date signed

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

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.....

Don K. Muscham

Licensed Embalmer No.....

7167

P. O. Address.....

St. Louis, Mo.

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.