S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8380

State File No. .....

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2443

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

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day 0 (Specify whether
In this community For Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 000 17 9

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1839 S. 13th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MARY CARROLL

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 1

6. (b) Name of husband or wife Peter Carroll

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

7. Birth date of deceased About 1872 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	70			..... hr. ..... min.

9. Birthplace St. Louis, 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Deloris Carroll
(b) Address 1839 S. 13th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm C. Mogdell
(b) Address 1926 Allen Avenue

19. (a) MAR 18 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 3/9/36
....., 19..., to 3/15, 1942
that I last saw her alive on 3/15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular
Renal syndrome c̄ marked arteriosclerosis, hypertension + chronic myocarditis + chronic nephritis.

Due to .....

Due to .....

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

Major findings: → no
Of operations organs including the Brain
Of autopsy generalized arterio-sclerosis c̄ hyperplastic arteritis + edema + congest of all

Duration about 8 years

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) no

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

23. Signature [illegible] (M. D. or other)
Address 3804 Wilmington Ave Date signed 3/17/42

844

(Licensed Embalmer's Statement on Reverse Side)

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.....Benj. C. Duncan

Licensed Embalmer No.....222

P. O. Address.....1926 Allen

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.