

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: Homer Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 mos. 7 days  
(Specify whether  
In this community 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 21  
(c) City or town St. Louis,  
2942 Bell Apt. 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mollie Carroll

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Jerry Carroll 6. (c) Age of husband or wife if alive 8 years  
7. Birth date of deceased June 1865  
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

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

16. (a) Informant Eva Battu  
(b) Address 2942 Bell Ave.

17. (a) Burial (b) Date thereof June 6 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Russell Untd. Co.

(b) Address 2732 Pine Street

19. (a) JUN 4 1942 (b) J. F. Medlock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3,  
year 1942 hour 12 minute 40 A. M.

21. I hereby certify that I attended the deceased from March 27, 1942, to June 3, 1942  
that I last saw her alive on June 3, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of Breast

Duration  
8 mos.

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations  
Of autopsy  
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?

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

23. Signature Wells E. A. Gordon (M. D. or other) D  
Address 2601 Whittier Date signed 6-3-42

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

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**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

*Joel Russell*

Licensed Embalmer No

4112

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.**