

FILED AUG 28 1942

Registration District No.

Primary Registration District No. 101

Registrar's No. 1714

96
 32
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County ST. LOUIS
 (b) City or town CLAYTON
 (c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
 (d) Length of stay: In hospital or institution 240. 21 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County ST. LOUIS
 (c) City or town LADUE
 (d) Street No. # 24 BURROUGHS LANE
 (e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME KATHARINE L. CARROLL
 (b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month AUGUST day 12 year 1942 hour 3 minute 30P.M.

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

21. I hereby certify that I attended the deceased from 6-22-42 to 8-12-42 and that death occurred on the date and hour stated above.
 Immediate cause of death.

7. Birth date of deceased JUNE 30, 1877
 (Month) (Day) (Year)

Duration 3 yrs +
 Due to Senescence of both extremities

8. AGE: Years 65 Months 1 Days 12 If less than one day hr. min.
 9. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

Due to Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation SCHOOL TEACHER

Major findings: Of operations

11. Industry or business
 12. Name ANDREW K. CARROLL
 13. Birthplace IRELAND (City, town, or county) (State or foreign country)
 14. Maiden name KATHARINE K. CARROLL
 15. Birthplace IRELAND (City, town, or county) (State or foreign country)

Physician Underline the cause to which death should be charged statistically.
 22. If death was due to external causes, fill in the following:

16. (a) Informant MISS NANNIE CARROLL (b) Address # 24 BURROUGHS LANE (LADUE)
 17. (a) BURIAL (b) Date thereof 8-14-42 (Month) (Day) (Year)

(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?

(c) Place: burial or cremation CALVARY CEMETERY
 18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd
 19. (a) AUG 13 1942 (Date received local registrar) (b) S. J. McGowan (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
 23. Signature S. J. McGowan (M. D. or other) Address St. Louis County Hospital Date signed 8-13-42

FEB 24 1943

JAN 25 1945

MAR 27 1945

AUG 28 1945

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 Meter
Licensed Embalmer No. 2825
P. O. Address 4370 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.