V. S. No. 2
DM—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34741

FILED NOV 6 1942

Registration District No. 784 Primary Registration District No. 700 Registrar's No. 2159

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Edgewood Retreat 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri. (b) County 2

(c) City or town Springfield. 6
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Dorothy Carroll

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed. 2

6. (b) Name of husband or wife Mathew V. Carroll.

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

7. Birth date of deceased August (Month) 26 (Day) 1869. (Year)

8. AGE:

Years	Months	Days	If less than one day
73.	1.	20.	..... hr. ..... min.

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

10. Usual occupation At Home.

11. Industry or business .....

FATHER
12. Name James Henderson.
13. Birthplace Ridge Farm, (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name Cynthia Ann Dark.
15. Birthplace Cynthiana, (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant Vincent Carroll.
(b) Address 424 Sommerset, Webster Groves

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-17-42 (Month) (Day) (Year)
(c) Place: burial or cremation Butler, Missouri

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar, Blvd.,

19. (a) OCT 17 1942 (Date received locally) (b) E. G. McGarvan (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th, year 1942 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 hrs
Due to Arterio Sclerosis	
Due to Chr. Nephritis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
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? ..... (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 [signature] (M. D. or other) [signature]
Address 340 Bermuda Date signed 10-17-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Henkerfuss
10-12-61
340 Burnside

EV-4940
10-12 a.m. | Ext Tue + Fri
6-8 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011.

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.