S. No. 2
M—9-4-41
5-17-39
FILED APR 3 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8162

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2846

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2yrs 8mos, 9das. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DEACESED: 000 12 9/3
(a) State Missouri (b) County
(c) City or town StLouis
(If outside city or town limits, write "RURAL")
(d) Street No. 3729 Garfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN CARROLL

3. (b) If veteran, name war –

3. (c) Social Security No. –

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 13, (Day) 1876 (Year)

8. AGE: Years 66 Months 10 Days 11 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Andrew Carroll
13. Birthplace unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Catherine McCormack
15. Birthplace unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) MAR 25 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1943 hour 12:20 minute P. M.

21. I hereby certify that I attended the deceased from June, 15, 1940 19 to March, 24, 1943 that I last saw him alive on March, 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease onset — Duration 1937x

Due to

Due to

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

Major findings:
Of operations

Of autopsy No

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? (f) Means of injury

23. Signature Walter H. Moore (M. D. or other) M.D.
Address 5400 Arsenal Date signed

(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 W H Van Matre.

Licensed Embalmer No. 2825

P. O. Address 4340 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.