

FILED MAY 7 1943

318

Registration District No. Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
4637 a Wilcox /
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME Geo. R. Carroll

3. (b) If veteran, name war _____

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah

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

7. Birth date of deceased: March 18 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>1</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Nil.

11. Industry or business _____

MOTHER FATHER

12. Name George Carroll

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Cruse

(b) Address 4637 a Wilcox

17. (a) Removal (b) Date thereof 4-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo.

18. (a) Signature of funeral director H. Schumacher

(b) Address 3013 Meramec St.

19. (a) APR 29 1943 (b) J. F. Buresch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4637 a Wilcox
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 28th.
year 1943 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from April 28 1943, to April 28 1943
that I last saw him alive on April 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis 3 yrs

Due to _____

Other conditions Acute Bronchitis 5 wks
(Include pregnancy within 3 months of death)

Major findings: Of operations 9/2

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? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature J. F. Buresch (M. D. or other) MD
Address 3606 Charney Date, signed 4/29/43

