S. No. 2
DM—5-42
v. 5-17-39
I X32875

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22849

FILED AUG 12 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7042

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)
In this community 58 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 000 17 921

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

(d) Street No. 2313 Delmar (rear)
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joe Carroll

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Colored

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 6 (Day) 1856 (Year)

8. AGE: Years 86 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Fredrick Co. (City, town, or county) Md. (State or foreign country)

10. Usual occupation Gardner

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Harriet Sommers
15. Birthplace (City, town, or county) Md (State or foreign country)

16. (a) Informant Leo Carroll
(b) Address 4064a Enright St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director McDowell
(b) Address 1711 N. Jefferson Ave

19. (a) AUG 4 1943 (Date received local registrar) J. F. Bickick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28, year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 17, 1943, to July 28, 1943 that I last saw him alive on July 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Bronchopneumonia	Terminal
Due to	
Due to	
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature J. F. Smith (M. D.)
Address 360 Whittier Date signed 7/29/43

(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 William C. McDowell, Registered Apprentice No.....,
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2119

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.