No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29796

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8016

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: AT HOME 3941 LINDELL BLDV
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 89 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 7 19

(a) State MO (b) County

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3941 LINDELL BLDV
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JULIA ELLENOR CARROLL

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W

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

6. (b) Name of husband ~~or wife~~ MICHAEL CARROLL

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

7. Birth date of deceased AUG (Month) 31 (Day) 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	—	7	— hr. 10 min.

9. Birthplace ST LOUIS (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business

FATHER
12. Name JOHN WARREN
13. Birthplace ST LOUIS (City, town, or county) MO 0 (State or foreign country)

MOTHER
14. Maiden name MARY ANN TRAINOR
15. Birthplace ST LOUIS (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Lillian Carroll
(b) Address 3941 Lindell

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 11-1943 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY-CEM

18. (a) Signature of funeral director Watson Bockrogge
(b) Address 6536 Clayton Rd

19. (a) SEP 8 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
year 1943 hour 1 minute 00 a M.

21. I hereby certify that I attended the deceased from 1940, 19, to 9/8/43, 19;
that I last saw her alive on Sept 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Exasperation Cler. Myocarditis	1 mo 1 yr.
Due to Senility	
Due to Cachexia	6 mos.
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 Walter H. Hoefman (M. D. or other)
Address 2602 S. Grand Date signed 9/8/43

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ry W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.