V. S. No. 2
00M—2-43
5-17-3
1 X3569

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. 30320

FILED OCT 13 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8751

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: 2737 Macklind
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2737 Macklind
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carrie Roll
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William C. Roll
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 7 (Day) 1872 (Year)
8. AGE: Years 71 Months 5 Days 25 If less than one day hr. min.
9. Birthplace Highland (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. FATHER Name Conrad Buchter
13. FATHER Birthplace (City, town, or county) Switzerland (State or foreign country)
14. MOTHER Maiden name Mary Henny
15. MOTHER Birthplace (City, town, or county) France (State or foreign country)
16. (a) Informant Miss. Urith Roll
(b) Address 2737 Macklind
17. (a) Crematory (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year) 10/6/43
(c) Place: burial or cremation Mo. Crematory
18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec
19. (a) OCT 4 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 1943 hour 12:15 minute 4. 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 Ulcerative Gangrene when deceased was found lying on open furnace flue closed in flames Due to Her home 2737 Macklind Occ. Oct 3, 1943 about 11:47 PM — Duration

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) Suicide
(b) Date of occurrence Oct 3 1943
(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? Home (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred Berry (M. D. or other)
Address Date signed 10/4/43

(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 George N. Archambault, Registered Apprentice No. XXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.