

FILED DEC 29 1943
 Registration District No. **11**

318
 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:
4362 Laclede Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

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. 4362 Laclede Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Carroll

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Susan Carroll

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

7. Birth date of deceased Unk. Unk. 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months Unk. Days Unk. If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Motorman

11. Industry or business _____

MOTHER FATHER { 12. Name James Carroll

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

14. Maiden name Bridget Unknown

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

16. (a) Informant Miss Mary E. Carroll

(b) Address 4362 Laclede Ave.

17. (a) Burial (b) Date thereof 12-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celvary

18. (a) Signature of funeral director Richard Donnelly
2820 Lindell Blvd.

(b) Address _____

19. (a) DEC 17 (b) J. P. Briscoe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th.,
 year 1943 hour 11 minute 25 a. M.

21. I hereby certify that I attended the deceased from 12-9-43 to 12-16, 1943

that I last saw him alive on 12-16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death acute Myocarditis

Due to following to an attack of influenza and arterial sclerosis

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

Major findings: 3/3

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? no (Specify type of place) _____ (e) Means of injury _____

23. Signature Orville E. Smith (M.D. or other) _____
 Address 2047 West Pine Blvd. State signed _____

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 Stanley Marshall
Licensed Embalmer No. 2838
P. O. Address 3840 Linnell

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.