

FILED NOV 10 1944

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County Missouri  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2503 Howard St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)  
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020  
(c) City or town St. Louis 17 20  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2503 Howard St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Thomas P. Carroll

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Emma Carroll 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased January 2nd 1863  
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Steamfitter

11. Industry or business

12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Carroll  
(b) Address 2503 Howard St.

17. (a) Burial (b) Date thereof 10/31/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (e) Signature of funeral director Mark Linnon

(b) Address 6100 W. Florissant

19. (a) OCT 30 1944 (Date received local registrar)  
J. J. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28  
year 1944 hour 2:30 minute AM

21. I hereby certify that I attended the deceased from October 18, 1944 to October 28, 1944  
that I last saw him alive on October 28, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myo-carditis  
Arterio sclerosis decompensated  
Hepatic -c-rrhosis  
Due to Generalized anasarca  
Extreme-senility

Due to 1/2 H  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations None

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. J. Brebeck (M. D. or other)  
Address 3718 Jennings Rd Date signed

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

MOTHER FATHER

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**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..... *Mark Hermon* .....  
Licensed Embalmer No. *4174* .....  
P. O. Address *6100 W. Florissant* .....

**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.**