

FILED FEB 7 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. 961
Registrar's No.

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis
(c) Name of hospital or institution:
4047 DeTonty St.
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No. 4047 DeTonty St.
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Casey Carrol
3. (b) If veteran, name war..... 3. (c) Social Security No. 493-10-1278

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 28th day January
year 1946 hour 12:30 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... 38 years
7. Birth date of deceased..... June 28 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 19... to Jan 28 - 1946
that I last saw him alive on Jan 28 and that death occurred on the date and hour stated above.
Immediate cause of death.....
Coronary occlusion

8. AGE: Years Months Days If less than one day
42 7 0 hr. min.

Due to.....
Due to.....
Other conditions (Include probably within 3 months of death)
Major findings:
Of operation.....
Of autopsy.....
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace..... Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation..... Chauffeur

11. Industry or business..... Frisco Transportation Co.
12. Name..... Rufus Carrol
13. Birthplace..... Unknown (City, town, or county) (State or foreign country)
14. Maiden name..... Harding
15. Birthplace..... Unknown (City, town, or county) (State or foreign country)

16. (a) Informant..... Regina Carrol
(b) Address..... 4047 DeTonty St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof..... 1-29-1946 (Month) (Day) (Year)
(c) Place: burial or cremation..... Paris, Arkansas
18. (a) Signature of funeral director..... Regina Carrol
(b) Address..... 6409 Gravois Ave.

19. (a) JAN 29 1946 (Date received local registrar) (b) J. J. Bredek (Registrar's signature)

23. Signature..... R. Berg (M. D. or other) Date signed..... 1/28/46
Address..... 2753 Webster

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2374

MOTHER FATHER

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..... *Homer W. Prutz*.....
Licensed Embalmer No... *3882*.....
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.