

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED FEB 13 1946
318

Primary Registration District No. **1003**

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

2375

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:
Homer G Phillips Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
In this community 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3347 Market St
(If rural, give location)

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

3. (a) PRINT FULL NAME Henrietta Carroll

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 5 1888
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1946 hour 7 minute 55 AM.

21. I hereby certify that I attended the deceased from 1-27, 1946, to 1-31, 1946;
that I last saw her alive on 1-31, 1946;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

58	0	26	hr. min.
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Immediate cause of death

Bronchopneumonia - Terminal Uremic Acidosis Cerebro-vascular Accident (Thrombosis)

Due to _____

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

10. Usual occupation Domestic

Due to Chronic Nephritis

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Henry Wilson

13. Birthplace Montgomery Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Leenie ?

15. Birthplace Montgomery Co., Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Pearl McGinnis

(b) Address 3347 Market St.

17. (a) Burial (b) Date thereof 2/5/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) FEB 5 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

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 E. J. Ayer (M. D. or other) _____
Address 2601 N. Whittier Date signed 3/1/46

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 L. Boykin
....., Registered Apprentice No. 224
working under my personal supervision.

Signed

Lammie Boykin

Licensed Embalmer No. 2946

P. O. Address. St Louis Mo

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.