

FILED JUL 16 1946

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 1457

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23697  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
403 South Elm Street  
(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 Missouri (b) County St. Louis

(c) City or town Clayton  
(If outside city or town limits, write "RURAL")

(d) Street No. 8222 Brighton Way  
(If rural, give location)

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

3. (a) PRINT FULL NAME Dorothy Carroll Wilson,

3. (b) If veteran, name war No. \_\_\_\_\_

3. (c) Social Security No. 493-24-9711

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James W. Wilson

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

7. Birth date of deceased Aug. 9, 1910  
(Month) (Day) (Year)

Immediate cause of death Natural causes—immediate cause unknown.

Duration \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>36</u>	<u>10</u>	<u>26</u>	hr. _____ min. _____

Due to 200-a

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation War Worker, unemployed  
Curtis-Wright Co.

11. Industry or business \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name William H. Carroll

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

14. Maiden name Pauline Schultz,

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

16. (a) Informant Winifred Carroll MacRae

(b) Address 1341 McCutcheon Rd.

17. (a) Burial (b) Date thereof 7/8/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence July 5, 1946

(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? \_\_\_\_\_

18. (a) Signature of funeral director Robert J. Ambruster, Inc

(b) Address Clayton Rd. at Concordia Lane

19. (a) 7-10-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature Arnold J. Willmann Coroner

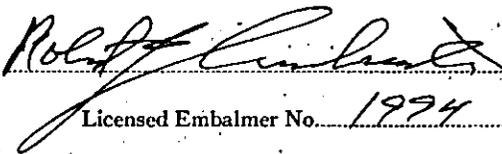
Address Coroner, St. Louis County Date signed 7/8/46

**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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....  .....

Licensed Embalmer No. 1994

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.**