S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6164
Registrar's No. 1273

Registration District No. 318 Primary Registration District No. 1003

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:
8041 Frederick St.
(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 0-00
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 8041 Frederick St. 8
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles E. Carroll, Sr.
3. (b) If veteran, name war No
3. (c) Social Security No. 493-01-9876
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Gillilan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 11 (Day) 1892 (Year)

8. AGE: Years 55 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Savanah (City, town, or county) Georgia (State or foreign country)
10. Usual occupation Sheet Metal Worker
11. Industry or business
FATHER
12. Name Michael Carroll
13. Birthplace (City, town, or county) N. Carolina (State or foreign country)
MOTHER
14. Maiden name Agnes T. Foliard
15. Birthplace Savanah (City, town, or county) Georgia (State or foreign country)
16. (a) Informant Mrs. Lillian Carroll.
(b) Address 8041 Frederick St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2- (Month) 9- (Day) 48 (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Bl.
19. (a) FEB 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1948 hour 6 minute 0 P.M.
21. I hereby certify that I attended the deceased from 1-30-48, 19__, to 2-4-48, 19__;
that I last saw him alive on 2-4-48, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Arterio Sclerotic Heart Disease
Due to Heart Block
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature Irl Hicks (M. D. or other) DO
Address 6201 Lotts Date signed 2-6-48

(Licensed Embalmer's Statement on Reverse Side)

Irl Hicks - D.O.

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 Fred Frick

Licensed Embalmer No. 3186

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.