

No. 2
5-43
17-39
X3667

FILED JUL 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20733

6075

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62
(c) City or town Cadet 0
(If outside city or town limits, write "RURAL")
(d) Street No. NR. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Esther Josephine Carroll

3. (b) If veteran, name war. No
3. (c) Social Security No. None

4. Sex Female / 5. Color, or race White
6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife R.F. Carroll
6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 27 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 11
If less than one day hr. min.

9. Birthplace Warm Springs Arkansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Robert Pratt

13. Birthplace Centerville Missouri O
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Russell

15. Birthplace Warm Springs Arkansas /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A.H. Long
(b) Address Cadet, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-48
(Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Albert H. Honpe
(b) Address 4700 Washington Blvd.

19. (a) JUL 8 1948 (b) J.F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 4 year 1948 hour 5 minute 8 A.M.

21. I hereby certify that I attended the deceased from 7/4/48 to 7/8/48 that I last saw her alive on 7/8/48 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 48 hrs

Due to

Due to Fractured L. Hip 4 days

Other condition (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

(a) Accident, suicide, or homicide (specify) ACCIDENT 62

(b) Date of occurrence July 3, 1948 5 P.M.

(c) Where did injury occur? CADET, MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? AT HOME

While at work? (Specify type of place) Mean of injury Falls

23. Signature W.R. Bohm (M.D.)

Address 4500 Olsen Date signed 7/8/48

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

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.....

Henry M. Brauner

Licensed Embalmer No.....

4200

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.