

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3548

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 00138			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. LENGTH OF STAY (in this place) 6 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home				d. STREET ADDRESS (If rural, give location) 3846 Greer Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) H. c. (Last) Carroll			4. DATE OF DEATH (Month) (Day) (Year) Jan. 18 49						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 2, 1869			
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 7 Days 16		IF UNDER 2 HRS. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Jerseyville, Illinois			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME James Gibbs		13b. MOTHER'S MAIDEN NAME Ellen Duggan		14. NAME OF HUSBAND OR WIFE Henry Carroll		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME Mr. James Carroll		ADDRESS 3846 Greer Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 93 d in 2 1/2						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4 d						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) 1 (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Aug 5, 1948 , to Jan 18, 1949 , that I last saw the deceased alive on Jan 17, 1949 , and that death occurred at 4:50 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) a. P. Merlin M.D.				23b. ADDRESS 3507 Polomas		23c. DATE SIGNED 1-19-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21, 1949		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		24d. LOCATION (City, town, or county) (State) Jerseyville, Illinois			
DATE REC'D BY LOCAL REG. 1-20-49		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros.		ADDRESS 3320 N Kingshighway			

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

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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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

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.