

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2404
371

FILED JAN 26 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2089</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>ST. LOUIS, MO 1066 BITTNER AV</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHNS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIE</u> b. (Middle) <u>A.</u> c. (Last) <u>CARROLL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 12, 1951</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 30, 1885</u>	9. AGE (In years last birthday) Months Days <u>65</u>		10. IF UNDER 1 YEAR Hours Min.	11. IF UNDER 10 YRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME <u>JOSEPH. VOSS.</u>		13b. MOTHER'S MAIDEN NAME <u>MARY VOSS</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN J. CARROLL, Sr.</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN J. CARROLL, Jr. 1066 BITTNER.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mos</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u>			<u>4 yrs.</u>
	DUE TO (c) <u>disease</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>---</u>
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22. I hereby certify that I attended the deceased from Nov 1950, to Jan 12, 1951, that I last saw the deceased alive on Jan 12, 1951, and that death occurred at 6:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>82129 N Broadway</u>	23c. DATE SIGNED <u>1-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN 15, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO</u>
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DATE REC'D BY LOCAL REG. <u>JAN 14 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SULLIVAN BRUS. 2849 N MULLIN AVE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

mul.

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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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Gustav W. Dietz

Student Embalmer No.

Licensed Embalmer No.

4329

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.