

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9951

318

1003

State File No.

Registrar's No. **2030**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No. 2030			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2069			
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 1460 Gouffelle					
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) S		c. (Last) CARROLL		4. DATE OF DEATH (Month) (Day) (Year) MAR 1 1951			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN 14 1868			
9. AGE (In years) Last birthday 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED POLICE OFFICER		10b. KIND OF BUSINESS OR INDUSTRY Police		11. BIRTHPLACE (State or foreign country) IRELAND			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOAN CARROLL		13b. MOTHER'S MAIDEN NAME GRIFFIN		14. NAME OF HUSBAND OR WIFE ROSE CAREY CARROLL			
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 John H. Carroll 5127A St. Louis					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, stomach ANTECEDENT CAUSES morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH Unknown	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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)		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? 151X							
22. I hereby certify that I attended the deceased from Feb 28, 1951 to Mar 1, 1951 , that I last saw the deceased alive on Feb 28, 1951 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Geo F. Dowley M.D.				23b. ADDRESS 2739 N. Grand		23c. DATE SIGNED 3-2-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-5-1951		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL REG. MAR 2 1951		REGISTRAR'S SIGNATURE J. B. Lacater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CULLEN & KEHLY 4386 Linden					

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

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

Ronald O. Yaburke

Licensed Embalmer No. *3917*

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.