

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34904

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8764**

1. PLACE OF DEATH a. COUNTY		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 town) St. Louis		c. LENGTH OF STAY (In this place) 4-days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		e. CITY (If outside corporate limits, write RURAL and give township) St. Louis f. STREET ADDRESS (If rural, give location) 4145 Flora Place	
3. NAME OF DECEASED (Type or Print) a. (First) Ellen		b. (Middle)	
c. (Last) Carroll		4. DATE OF DEATH (Month) (Day) (Year) Oct. 3, 1951	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Oct. 6, 1875
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Month 11 Day 27	IF UNDER 24 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) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Patrick Connors	
13b. MOTHER'S MAIDEN NAME Mary Powers		14. NAME OF HUSBAND OR WIFE Roger 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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. William J. Carroll, 644 Lockwood Ct. W.G.
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) METASTATIC CARCINOMA OF LUNG ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF BREAST DUE TO (c) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 170X		22. I hereby certify that I attended the deceased from 1-21- , 19 51 , to 10-3- , 19 51 , that I last saw the deceased alive on 10-2- , 19 51 , and that death occurred at 4 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE Robert G. ... (Degree or title)		23b. ADDRESS 818 DAVE ST.	
23c. DATE SIGNED 3 Oct 51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Oct. 5, 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. OCT 1 1951	
REGISTRAR'S SIGNATURE J. Carl ...		FUNERAL DIRECTOR'S SIGNATURE Arthur J. ...	
ADDRESS 3840 Lindell Blvd.		(Licensed Embalmer's Statement on Reverse Side)	

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 me

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

Student
Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4699

P. O. Address St Charles, 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.