

S. No. 300  
V. 40-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43551

State File No. ....

FILED JAN 5 1957

BIRTH NO. _____		REG. DIST. NO. <u>307</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>4114</u>		
1. PLACE OF DEATH a. CITY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>				
b. CITY OR TOWN <u>Richmond Ste Mo</u>		c. LENGTH OF STAY (in this place) <u>6 mo</u>		c. CITY OR TOWN <u>Richmond Ste Mo 4465</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>6363 Alamo Ave 0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>FINLAY</u> c. (Last) <u>CARROLL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 26 1957</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 30-1880</u>		
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (City, kind of work done during most of working life, even if retired) <u>Insurance Broker</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Henry Clay Carroll</u>			13b. MOTHER'S MAIDEN NAME <u>Fidelia Cynthia Houston</u>			14. NAME OF HUSBAND OR WIFE <u>Cleaver Carroll</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Home Carroll 6363 Alamo Ave Clayton</u>				
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) <u>Melanotic Carcinoma of lung</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of sigmoid</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> <u>7 yrs</u>	
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) <u>153X</u>				
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 <u>June</u> , 19 <u>44</u> , to <u>Dec 25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 25</u> , 19 <u>51</u> , and that death occurred at <u>6:05 A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Fred Kramer MD</u>				23b. ADDRESS <u>4761 Lupell</u>		23c. DATE SIGNED <u>12 27 51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 28-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellevue Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis MO</u>		
DATE REC'D BY LOCAL REG. <u>12-27-51</u>		REGISTRAR'S SIGNATURE <u>Hubert R. Dombk MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W H Borklage 6536 Clayton Rd Rich Mo 17 Mo</u>				

1005  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
N. K. Kramer  
4/16/61

**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

*J. Wm. Dinkley*

Licensed Embalmer No. 3657

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.