

STANDARD CERTIFICATE OF DEATH

State File No. **11216**

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3062** Registrar's No. **337**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri - b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood	4511
d. FULL NAME OF HOSPITAL OR INSTITUTION 2703 Manderly		d. STREET ADDRESS (If rural, give location) 2703 Manderly	

3. NAME OF DECEASED (Type or Print)	a. (First) Julia	b. (Middle) Gertrude	c. (Last) Carroll	4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 27, 1876	9. AGE (In years last birthday) 75
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 Missouri	
12. CITIZEN OF WHAT COUNTRY				

13a. FATHER'S NAME John Carroll	13b. MOTHER'S MAIDEN NAME Ellen Sweeney	14. NAME OF HUSBAND OR WIFE
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 Mrs. J.M. McShane 2703 Manderly

18. CAUSE OF DEATH PER line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH estimated 15 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis chr. arteriosclerotic		
ANTECEDENT CAUSES			estimated 15 yrs
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis general			
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 422.1	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)	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 **Jan 22, 1952**, to **Feb 6, 1952**, that I last saw the deceased alive on **Feb 5, 1952**, and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Ch. Gockelman M.D.	(Degree or title)	23b. ADDRESS 2615 Brentwood Blvd	23c. DATE SIGNED Feb. 7, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 2/8/52	REGISTRAR'S SIGNATURE Herbert K. Douke	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. Stewart 1225 Union
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

2615 Bencivener of
R. 1907

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 Clarence McQuay

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.