

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1955

State File No. **16523**
4630
Registrar's No.

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 Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 4417 Garfield			
3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) William c. (Last) Carroll			4. DATE OF DEATH (Month) (Day) (Year) May 22, 1955				
5. SEX Male		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 20/Sept 1889	
9. AGE (in years last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Commerie Missouri		12. CITIZEN OF WHAT COUNTRY? Yes
13a. FATHER'S NAME Charles Carroll			13b. MOTHER'S MAIDEN NAME Josiphine Carroll		14. NAME OF HUSBAND OR WIFE Dead		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) Yes One		16. SOCIAL SECURITY NO. 499-01-1286		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry W. Carroll Jr 4417 Garfield			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Broncho Pneumonia Pulmonary Tuberculosis Carcinoma of Sigmoid							INTERVAL BETWEEN ONSET AND DEATH 2 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Sigmoid							
19a. DATE OF OPERATION _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 002 X H			
22. I hereby certify that I attended the deceased from May 3, 1955 , to May 22, 1955 , that I last saw the deceased alive on May 22, 1955 , and that death occurred at 9:01 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. P. Vanillan, M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 5/23/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/27/55		24c. NAME OF CEMETERY OR CREMATORY Jefferson Barrack		24d. LOCATION (City, town, or county) (State) Jefferson Bak Mo	
DATE REC'D BY LOCAL REG. MAY 26 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman J. Smith 4247/w Labadie			

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.....
Signature of Student Embalmer

Signed *H. Claude Gove*.....

Licensed Embalmer No. *346*

P. O. Address *45757*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.