

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23566**
Registrar's No. **6505**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 or township) 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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 1727 MICHIGAN 2177	

3. NAME OF DECEASED (Type or Print) a. (First) DAISY b. (Middle) A. c. (Last) CARROLL	4. DATE OF DEATH (Month) (Day) (Year) JULY 27 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH SEPT. 22 1882	9. AGE (In years) (last birth day) (Months) (Days) 72	# UNDER 1 YEAR # UNDER 25 HRS. # UNDER 24 HRS. # UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or foreign Country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U-S-A		

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE EMERY M. CARROLL (Dec'd)
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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. None	17. INFORMANT'S SIGNATURE OR NAME WILLIAM E. CARROLL	ADDRESS 3913 - ELAD
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis	INTERVAL BETWEEN ONSET AND DEATH 20 days
	ANTECEDENT CAUSES DUE TO (b) Hypertension & Chr. Dysp.	16 mos
	II. OTHER SIGNIFICANT CONDITIONS DUE TO (c) Early Severe Chgs	

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3-25**, 19**54**, to **7-27**, 19**55**, that I last saw the deceased alive on **7-26**, 19**55**, and that death occurred at **12:10 A** m., from the causes and on the date stated above.

23a. SIGNATURE Walter H. Socofsky	23b. ADDRESS 3108 S. Grand St. Louis, Mo	23c. DATE SIGNED July 28 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JULY 29 1955	24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
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DATE REC'D BY LOCAL REG. JUL 28 1955	REGISTRAR'S SIGNATURE J. E. Smith	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rutledge	ADDRESS 2906 Beavers
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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.....
Sam C Hill

Licensed Embalmer No. *434*

P. O. Address *7401*

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.