

XC 1903 67 15

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18525  
STATE FILE NUMBER  
5019  
Registrar's No.

FILED JUN 7 1957

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N Grand St. Louis 6, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN EAST ST. LOUIS 81208 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOSPITAL		Length of stay in lb 31 Days		d. STREET ADDRESS 1740 N. 44th Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ELMER C. CARROLL			4. DATE OF DEATH Month Day Year 5/28/57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/4/17	9. AGE (In years last birthday) 39 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13. FATHER'S NAME Elmer Carroll			14. MOTHER'S MAIDEN NAME Saline Cross		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-2		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address VA HOSPITAL RECORDS ST. LOUIS, MO.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LAENNEC'S CIRRHOSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - - - DUE TO (c) - - - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - - -					INTERVAL BETWEEN ONSET AND DEATH UNK
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) - - -			
20c. TIME OF INJURY Hour a. m. p. m. - - -		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) - - -			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE - - -			
21. I attended the deceased from 4/27/57 to 5/28/57 and last saw him alive on 5/28/57 Death occurred at 9:55 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deputy or title) <i>[Signature]</i>			22b. ADDRESS M.D. VA HOSPITAL ST. LOUIS 6 MISSOURI		22c. DATE SIGNED 5/28/57
23a. BURIAL, CREATION, REMOVAL (Specify) removal		23b. DATE 5-29-57		23c. NAME OF CEMETERY OR CREMATORY St. John's Cem. Collinsville, Ill.	
24. FUNERAL DIRECTOR <i>[Signature]</i> Collinsville, Ill.		25. DATE RECD. BY LOCAL REG. MAY 28 57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i> m.d.	

Embalmer's Statement on Reverse Side

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 Max Embalmed, Student Embalmer No. 78 working under my personal supervision.

Student Max Embalmed  
Signature of Student Embalmer

Signed Paul E. Fromme  
Licensed Embalmer No. 78

P. O. Address Channah

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.