

PURVIS DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033642

FILED VS. SEP 29 1959

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **2 8479**

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b Life	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hamilton Medical Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5931 Maple Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle Carroll Last			4. DATE OF DEATH Month September Day 14th. Year 1959		
5. SEX M	6. COLOR OR RACE W.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/16/1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Elec. Inspector, City of St. Louis	St. Louis	St. Louis, Missouri	U.S.

13a. FATHER'S NAME John E. Carroll	13b. MOTHER'S MAIDEN NAME Bridget McGlynn	14. NAME OF HUSBAND OR WIFE Mrs. Mary Carroll
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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) no	16. SOCIAL SECURITY NO. 494-36-4803	17. INFORMANT Mrs. Mary Carroll, 5931 Maple Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u><i>Pulmonary Edema</i></u>		INTERVAL BETWEEN ONSET AND DEATH <u><i>1 wk</i></u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u><i>Arterio Sclerotic Heart Disease</i></u> DUE TO (c) <u><i>420.0</i></u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from *Jan 1959* to *9-14-59* and last saw her/him alive on *9-12-59*
Death occurred at *12:30 P.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u><i>Wald L. Oatter M.D.</i></u>	(Degree or title)	22b. ADDRESS <u><i>730 Hoddermont Av.</i></u>	22c. DATE SIGNED <u><i>9-14-59</i></u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 17, 1959	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri
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24. FUNERAL DIRECTOR <u><i>Thomas J. Donnelly</i></u>	ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. SEP 15 '59	26. REGISTRAR'S SIGNATURE <u><i>Earl Smith, M.D.</i></u>
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DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

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 *J. M. S. Dyer*

Licensed Embalmer No. 4699

P. O. Address 3890 Linden

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.