REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3 791

16800
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 4661
(c) City ST. LOUIS (d) Street No. ~~3200 N. WHARF~~ En route City Hosp. #1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CHARLES W. CARROLL 640
(a) Residence, No. 3200 N. Wharf St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: CARRIE CARROLL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC. 23, 1891

7. AGE: YEARS 46 MONTHS 4 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. day laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS MO. 6

FATHER
13. NAME: CHARLES CARROLL 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS MO. 6

MOTHER
15. MAIDEN NAME: MARGARET WITTROCK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ST. LOUIS MO.

17. INFORMANT (ADDRESS): MRS. CARRIE CARROLL 3200 N. WHARF

18. BURIAL, CREMATION, OR REMOVAL
PLACE: FRIEDENS CEMT. DATE: 5-23-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): ARTHUR J. DONNELLY 3840 LINDELL BLVD.

20. FILED: MAY 22 1938, 19 J. P. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20th, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3. p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion;
Arterio Sclerosis;
Renal Calculi.

Date of onset

134a

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: See above.
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Joseph M. Freeman, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...
Charles W. Carroll, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell Bl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.