

REC'D JUL 12 1938

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

20109
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City.....
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. **791**
Primary Registration District No. **1003**
(d) Street No. **DePaul Hosp.**

Registered No. **5248**

(If death occurred in Hospital or Institution, write its name instead of street and number)
St. (If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Delores Carroll,**

(a) Residence, No. **2019 Gano Ave.** St. **9**
(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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 19, 1938		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	None.
	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.		
FATHER	13. NAME JOSEPH William Carroll,	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.	
MOTHER	15. MAIDEN NAME Bertha Gassel,	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.	
17. INFORMANT (ADDRESS) JOSEPH William Carroll, 2019 Gano Ave.		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	Calvary	DATE 6/9/1938
19. FUNERAL DIRECTOR (ADDRESS) W. A. Stock Und. Co. 2117 E. Grand,		
20. FILED JUN 9 1938 J. D. Burkholder Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 8, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 20, 1938, to June 8, 1938**
I last saw her alive on **June 7, 1938** Death is said to have occurred on the date stated above, at **9 A. M.**
The principal cause of death and related causes of importance were as follows:
Prematurity. Cervical Abscess

Other contributory causes of importance: **154**

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

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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) **J. Winter White**, M. D.
(Address) **5416 Maple**

(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.

J. Nishan White
Leister Bldg.

STATEMENT BY LICENSED EMBALMER

I, William A. Stock, Licensed Embalmer No. 2588

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed William A. Stock

Licensed Embalmer No. 2588

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.)