

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

17390
Do not use this space.

REC'D JUN 12 1939

791
1008

4924

1. PLACE OF DEATH

(a) County St. Louis 2 Registration District No. 1008
 (b) Township or City St. Louis Primary Registration District No. _____ Registered No. _____
 (c) City _____ (d) Street No. 2932 1/2 Dickson St.
 (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 7 yrs. 0 mos. 0 ds. (If long in U. S., if of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

(a) Residence, No. 2932 1/2 Dickson St. (If nonresident, give city or town and State) St. Louis
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/27/39</u>		
7. AGE YEARS	MONTHS	DAYS
<u>3</u>	<u>5</u>	<u>1</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>None</u>		<u>None</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
13. NAME <u>Leon Carroll</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
15. MAIDEN NAME <u>Dorothy Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Leon Carroll, 2932 1/2 Dickson St.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>St. Mary's</u> DATE <u>5/4/39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>St. Louis</u>		
20. FILE # <u>MAY 31 1939</u>		

NO SPECIAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/39

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on 6/30/19. Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:
Spontaneous Abortion
Still Born
Cause Unknown

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) Joseph McQueen
 (Address) Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

K. E.—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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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