

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3977**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
(Specify whether
in this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **11 17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **4320 Fairfax (Basement)**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Earl Carrol**

3. (b) If veteran, name war **X**
3. (c) Social Security No. **None unemployed**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **4 7 1918**
(Month) (Day) (Year)

8. AGE: Years **23** Months **14** Days **0**
If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business **X**

12. Name **Earl Carrol**
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name **Nessie Jackson**
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant **Mary Grimes**

(b) Address **4320 Fairfax**

17. (a) **Burial** (b) Date thereof **5/13/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **J. H. Harrison**

(b) Address **7906 Stanton**

19. (a) **MAY 12 1941** (b) **J. H. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **7th**
year **1941** hour **2:50** minute _____ A.M.

21. I hereby certify that I attended the deceased from **April 30, 1941** to **May 7, 1941**; that I last saw him alive on **May 7, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary Tuberculosis** **10 mos.**

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **Pulmonary Tuberculosis**
Horseshoe Kidney

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. H. Harrison** (M., D. or other) _____

Address **2601 N. Whittier St.** Date signed **5-8-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

00
17
9

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

James Harrison

Licensed Embalmer No. 760

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, fact should be so stated above.