

No. 2
1-13-40
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23297
5649

FILED AUG 28 1941

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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

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:
Little Sisters of the Poor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 5 (Specify whether
years, months or days)

In this community.....
years, months or days

3. (a) PRINT FULL NAME Mary C. Carroll

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 8, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>--</u>	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name John Fleming 4

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Helen Shanahan

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Seraphine

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof 7/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter and Paul Cem.

18. (a) Signature of funeral director J. H. Seibken & Co.
284 1/2 Meramec St.

(b) Address.....

19. (a) JUL 8 1941 (b) J. M. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) ~~County~~

(c) City or town St. Louis, 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3400 So. Grand Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1941 hour 9 minute 10A.M.

21. I hereby certify that I attended the deceased from July 1, 1941 to July 8, 1941
that I last saw him or her alive on July 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis
general
Paralysis Cerebralis

Due to.....

Due to.....

Other conditions (Include pregnancy within 9 months of death).....

Major findings: Of operations.....

Of autopsy.....

Duration 2 1/2

3 1/2

PHYSICIAN
Underline the cause to which death should be charged statistically.

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. M. Brudick (M. D. or other) 0
Address Missouri Date signed 7/11/41

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 *Tolon A Percy*

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.

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

If this body is not embalmed, fact should be so stated above.