No. 2
4-13-40
-17-39
I X23159

4
1
2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24669

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 186

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo., 13 days. (Specify whether
In this community 2 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 014
(c) City or town City of St. Louis 1 2
(If outside city or town limits, write "RURAL")
(d) Street No. 3929 Flora Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Carroll
3. (b) If veteran, name war No
3. (c) Social Security No. D. K.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife deceased
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased February (Month) 13 (Day) 1863 (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	4	22	5 hr. 50 min.

9. Birthplace Canada (City, town, or county) 2 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Dan Carroll
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Mary Kihoe
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Hospital records. 1
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 6 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Jersey Ill.
18. (a) Signature of funeral director Leo G. Wallace
(b) Address Fulton Mo.
19. (a) July 6, 1941. (Date received local registrar) (b) R. N. Crews. (Registrar's signature) 106

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th. year 1941 hour 5 minute 50 A.M.
21. I hereby certify that I attended the deceased from June 20th, 1941, to July 5th, 1941, that I last saw her alive on July 5th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration pneumonia — Duration 4 days.
Due to retro-pharyngeal abscess
Due to
Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) No
(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?
(Specify type of place)
While at work? (e) Means of injury:
23. Signature Ettore G. Rizzo (M. D. or other) D
Address State Hospital #1, Fulton Date signed 7/6/41

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 1942

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 Harold J. Christley

Licensed Embalmer No. 04002

P. O. Address Pulton, Mo.

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

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