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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 21 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41867

State File No. 0

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 2579

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2565 Florent / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nil (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 5
(c) City or town Maplewood (If outside city or town limits, write "RURAL") 3
(d) Street No. 2565 Florent (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harry H. Carroll
3. (b) If veteran, name war World War I
3. (c) Social Security No. none
4. Sex M
5. Color or race W 0
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Helen Carroll
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased Feb. 1, 1888 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	10	6	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Retail Grocer
11. Industry or business
FATHER
12. Name John Carroll
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Anna Meyers
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Helen Carroll
(b) Address 2565 Florent
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester
19. (a) DEC 8 - 1942 (Date received local registrar) (b) C. G. McGarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1942 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from 11/15/42, 19..., to 12/7/42, 19...; that I last saw him alive on 11/15/42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Myocarditis	1 day
Due to Cardio-nephritis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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? — (Specify type of place)
While at work? — (e) Means of injury —
23. Signature E. E. Remain (M. D. or other) M.D.
Address 2901 Big Bend Bl Date signed 12/8/42

707 (Licensed Embalmer's Statement on Reverse Side)

DEC 22 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 H. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.