

7. S. No. 2
FORM-5-43
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39614**

FILED JAN 3 1943 18

Registration District No. **1003** Primary Registration District No. **11343**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-day
(Specify whether in this community... years, months or days)

40 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Carroll

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M. 5. Color or Race W.

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

6. (b) Name of husband or wife Ellen Carroll

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

7. Birth date of deceased Nov. 26th., 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 0 Days 21
If less than one day hr. min.

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

10. Usual occupation Stone Paver

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr. John J. Carroll

(b) Address 3014 Park Ave.

17. (a) Burial (b) Date thereof 12-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 18 1943 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 5637 N. Magnolia Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th., year 1943 hour 6 minute 07 a. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia primary

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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 James J. Fitzgerald (M.D. or other) Carroll

Address 1306 Park 3 Date signed 12/18/43

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.