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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1944 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19548

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 5559

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: Desloge 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 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St.Louis 96

(c) City or town Ladue 12
(If outside city or town limits, write "RURAL")

(d) Street No. # 24 Burroughs Lane
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) N.R.

If yes, name country ____

3. (a) PRINT FULL NAME Mary Carroll

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased Unk. Unk. 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	Unk.	Unk.	____ hr. ____ min.

9. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business ____

FATHER
12. Name Andrew K.Carroll
13. Birthplace ____ (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Catherine McCormick
15. Birthplace ____ (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Miss Nannie Carroll

(b) Address # 24 Buroughs Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-44 (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) JUN 20 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th., year 1944 hour 10 minute 20 p. 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 Hypostatic Pneumonia Fracture of right Femur Fracture right Shoulder when

Due to She slipped on a Rug in the home # 24 Burroughs Lane

Due to Clayton Mo about 10 am 6-17-44

Other conditions ____
(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) Accident

(b) Date of occurrence 6-17-44

(c) Where did injury occur? St Louis Co (City or town) Clayton (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury fall

23. Signature Thomas F. Callan (M. D. or other)

Address Deputy Coroner Date signed 6-19-44

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1946

JAN 25 1946

JUL 11

MAR 29 1945

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: W H Van Matre

Licensed Embalmer No.: 2825

P. O. Address: 4340 Lafayette

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.