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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 24 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 18027

Registrar's No. 870

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. Feb. 24, 1945 (Specify whether)

In this community: 52 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: -

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

(d) Street No.: 4215 Obear Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: WILLIAM A. CARROLL

3. (b) If veteran, name war: World War - 1

3. (c) Social Security No.: 490-01-9919

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. Celestine Carroll

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: July (Month) 17 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	8	21	hr. min.

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

10. Usual occupation: Electrician

11. Industry or business: --

FATHER
12. Name: ~~Unavailable~~ Michael Carroll
13. Birthplace: Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ~~Unavailable~~ Bridget Duggan
15. Birthplace: Ireland (City, town, or county) (State or foreign country)

16. (a) Informant: Clinical Records

(b) Address: Vet.Adm.Fac., Jefferson Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/10/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: M. A. Stock Undt Co.

(b) Address: 2117 E. Grand Blvd.

19. (a) APR 10 1945 (Date received by local registrar) (b) E. G. McGauran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1945 hour 1:30 minute A.M.

21. I hereby certify that I attended the deceased from February 24, 1945, to April 7, 1945; that I last saw him alive on April 7, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Malignant tumor of prostate with metastases to pelvic glands. — Duration: Unknown.

~~Due to~~

~~Due to~~

Other conditions (Include pregnancy within 3 months of death): Thrombosis, left external iliac and femoral veins. — Duration: Unknown.

Major findings:
Of operations: No operations.
Of autopsy: Autopsy performed.

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: E. V. EDWARDS, MAJOR, M.C. (M. D. or other)

Address: Clinical Director. Date signed: 4/7/45

(Licensed Embalmer's Statement on Reverse Side)

MAY 25 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 Frank A. [illegible]

Licensed Embalmer No. 3041

P. O. Address 2117 F Stre[illegible]

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.