No. 2
1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28918

FILED SEP 2 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7837

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4564a Shenandoah
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4564a Shenandoah
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HESTER CARROLL
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late James J.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Apr. (Month) 7 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	4	8	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Patrick Kearns
13. Birthplace (City, town, or county) Ireland (State or foreign country)
MOTHER
14. Maiden name Bridget Williams
15. Birthplace (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Frank X Carroll
(b) Address 4564a Shenandoah
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) AUG 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15
year 1947 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from 8-6 1947 to 8-15 1947
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 J. S. Sheets M.D. (M.D. or other)
Address 2570 S. Kingshighway Bl. Deceased 8-15-47
J. S. Sheets

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 So. Kingshighway

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.