S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10042

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3234

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community

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.: 3915 Magnolia Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: William Edward Carroll

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

3. (c) Social Security No.: 496-18-1976

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Marie

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: March (Month) 13 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	0	19	hr. min.

9. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Engineer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Marie Carroll
(b) Address: 3915 Magnolia Ave.

17. Removal ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 4/4/48 (Month, day, year)
(c) Place: burial or cremation: Walnut Hill Cemetery, Petersburg, Indiana

18. (a) Signature of funeral director: Wacker-Kelderle
(b) Address: 3634 Gravois Ave.

19. (a) APR 3 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1948 hour 2 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 27, 1948 to April 2, 1948; that I last saw him alive on April 2, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Tracheo-esophageal fistula	
Due to: Carcinoma of esophagus	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: As above	

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: F. E. Bradley (M. D. ~~or other~~)

Address: Barnes Hospital Date signed 4/7/48

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 Robert C Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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.