

STANDARD CERTIFICATE OF DEATH

State File No. 20734
5607

FILED JUN 28 1948

318

Primary Registration District No.

100

Registrar's No.

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:
Enroute to City Hospital #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 9 years
years, months or days)

3. (a) PRINT FULL NAME STANLEY ARNOLD CARROLL

3. (b) If veteran, name war WW #2 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Doris Jean 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased July 20, 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 10 29 hr. min.

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

10. Usual occupation (unemployed)

11. Industry or business.....

12. Name John Carroll

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

14. Maiden name Emma Everett

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

16. (a) Informant Ada Bone

(b) Address 2018a Ann Avenue

17. (a) Removal (b) Date thereof 6-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Missouri

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) JUN 21 1948 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2018a Ann Avenue
(If rural, give location)
23
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1948 hour 2:35 minute 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 Internal hemorrhage Duration
from ruptured liver and right lung
when he was run over by a car
driven by one Ollie Detony Lawrence,
when the deceased was lying in the
street on Missouri Avenue, just south
of Geyer Avenue, around 12:50 A.M.,
June 19, 1948.

Other conditions Accident
(Include pregnancy within 8 months of death)

Major findings: MS
Of operations.....

Of autopsy.....

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 6-19-1948

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

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

While at work? NO (Specify type of place) See above
(e) Means of injury.....

23. Signature J. F. Bredeck (M. D. or other) 9/19/48

Address 1300 Clark St Date signed.....

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

MOTHER FATHER

SEP 23 1949

SEP 13 1949

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..... *C W Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address *2301 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.