

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17847

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 3063 Registrar's No. 931

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis County Hos.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>17</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>6144 Minerva Ave.</u> <u>9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hos.</u>			

3. NAME OF DECEASED (Type or Print) <u>Gertrude Victoria Luella Carroll</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1949</u>		
a. (First)	b. (Middle)	c. (Last)	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 27, 1882</u>	9. AGE (In years last birthday) <u>66</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Chatanooga, Tenn</u>	12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME <u>Waits Sedditta</u>		13b. MOTHER'S MAIDEN NAME <u>Iowa Abernathy</u>		14. NAME OF HUSBAND OR WIFE <u>John L. Carroll</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Alva Carroll Cloid</u> ADDRESS <u>4181 Delmar</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary artery occlusion</u> ANTECEDENT CAUSES <u>Myocardial infarction</u> DUE TO (b) <u>Coronary artery disease -</u> <u>arteriosclerosis - hypertension</u> DUE TO (c) <u>arteriosclerosis - hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few weeks</u> <u>many years</u> <u>many years</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from October, 1948, to April 7, 1949, that I last saw the deceased alive on April 7, 1949, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James R. Ritchie M.D.</u>		23b. ADDRESS <u>5233 Watkinson St. Louis</u>		23c. DATE SIGNED <u>4.17.49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell</u>		ADDRESS <u>2732 Pine</u>	
DATE REC'D BY LOCAL REG. <u>4-17-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond Lumpkin</u>		ADDRESS _____	

W. J. Brown
59.33 J. W. Brown

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 _____

Student Embalmer No. 272

working under my personal supervision.

Signed William M. Brown
Student Embalmer

Signed Clark Yonney

Licensed Embalmer No. 337

P. O. Address St. Louis

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.