

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22060

BIRTH NO. REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1401

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

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay	
d. FULL NAME OF HOSPITAL OR INSTITUTION 631 Buckley Rd.		d. STREET ADDRESS (If rural, give location) 631 Buckley Rd.,	

3. NAME OF DECEASED (Type or Print) a. (First) Charlotte b. (Middle) Carroll c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 12, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 22, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 1 Days 20	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Unk.	12. CITIZEN OF WHAT COUNTRY? 9
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13a. FATHER'S NAME Wm. Simpson	13b. MOTHER'S MAIDEN NAME Mary Fawette	14. NAME OF HUSBAND OR WIFE Robert B. Carroll
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edw. Long 631 Buckley Rd.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 da 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (R Side)		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Charteris sclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 83a	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. Walters M.D.	23b. ADDRESS 3608 S. Grand	23c. DATE SIGNED 6/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-14-49	24c. NAME OF CEMETERY OR CREMATORY Hiram Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 6-13-49	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 322 S. Grand Blvd.,
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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. _____

working under my personal supervision.

Signed _____

David Lee Forson

Signed _____

Student Embalmer

Licensed Embalmer No. *4282*

P. O. Address *6322 So Grand*

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.