

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

24402  
State File No. 6117

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

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>6117</b>	
1. PLACE OF DEATH a. COUNTY <b>ms</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <b>University City</b>		c. LENGTH OF STAY (in this place) <b>Flowers</b>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <b>University City</b>		<b>4326</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Depaul Hospt</b>				d. STREET ADDRESS (If rural, give location) <b>1246 Mount Olive St</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>		b. (Middle)		c. (Last) <b>Carroll</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 8 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Jan 1 1870</b>	
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY .....		11. BIRTHPLACE (State or foreign country) <b>Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>? Carroll</b>		13b. MOTHER'S MAIDEN NAME <b>Dont Know</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs M.J. Comer 1246 Mount Carroll</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral Hemorrhagic Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic Arteriosclerosis Nephritis</b> DUE TO (b)  DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>5 mo.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min) <b>7-8 1951</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>446-y</b>			
22. I hereby certify that I attended the deceased from <b>7-2 1951</b> to <b>7-8 1951</b> , that I last saw the deceased alive on <b>7-8 1951</b> , and that death occurred at <b>11.05 P.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>A. Schupe M.D.</b>				23b. ADDRESS <b>Missouri Health Bldg</b>		23c. DATE SIGNED <b>7-9-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 11 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL <b>JUL 9 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jos. W. Clark 1125 Hodiamont Ave</b>			

(Licensed Embalmer's Statement on Reverse Side)

*R. F. Farnell*

D.R. Schrepel

Mo Thre Bldg.

Room 615

JUL 24 1952

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.

Student .....  
Student Embalmer

Signed *Alfred J. Bredeker*

Licensed Embalmer No. *2663*

P. O. Address *1125 Hodiama*

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.