

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31366

State File No. ....

FILED SEP 22 1951

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>8130</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>2259</b> <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>23 1014 &amp; 14th St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				3. NAME OF DECEASED a. (First) <b>Nathan</b> b. (Middle) _____ c. (Last) <b>Carroll</b>			
4. DATE OF DEATH <b>Sept. 10 1951</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>Aug. 25 1890</b>		9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months <b>12</b> Days <b>16</b>		IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>MONROE LA.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>HARRIET ?</b>		14. NAME OF HUSBAND OR WIFE <b>MINNIE CARROLL</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mildred Carroll 7918 Dale</b>			
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>				Undet.	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>322X</b>			
22. I hereby certify that I attended the deceased from <b>8-31</b> , 19 <b>51</b> , to <b>9-10</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9-10</b> , 19 <b>51</b> , and that death occurred at <b>5 a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Arline W. Harris, D. O.</b>				23b. ADDRESS <b>2601 N Whittier St.</b>		23c. DATE SIGNED <b>9-12-51</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>9-14-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK DABE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CTY MO</b>	
DATE REC'D BY LOCAL REG. <b>SEP 13 1951</b>		REGISTRAR'S SIGNATURE <b>A. F. WALTON</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. F. WALTON 2707 STODDARD ST</b>			

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

**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

*Arthur L. Heilbard*

Licensed Embalmer No. *4221*

P. O. Address *4740<sup>a</sup> - Coupl*

**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.