

STANDARD CERTIFICATE OF DEATH

State File No. **9790**

FILED NO. **22 1952** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1699**

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

1. PLACE OF DEATH a. 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 ST. LOUIS,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2069	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 6 5089 MINERVA AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION CITY HOSPITAL # 1			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) T.	
c. (Last) CARROLL		4. DATE OF DEATH (Month) (Day) (Year) FEB, 22, 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 1	8. DATE OF BIRTH 9/12/1861
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME MATTHEW CARROLL	13b. MOTHER'S MAIDEN NAME MARY BRENNAN	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS THOMAS CARROLL 5089 MINERVA AVE

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) Lt of right hip			
DUE TO (c) Arterio-sclerosis; when she fell in her home on January 14 1952 about 15 am on Accident			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR E9030-20

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 11:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>John P. Smith</i>	(Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2/23/52
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE 2/25/52	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI
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DATE REC'D BY LOCAL REG. FEB 23 1952	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE
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S.P. (Licensed Embalmer's Statement on Reverse Side)

Carroll

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed *Albert Mayfield*

Signed.....
Student Embalmer

Licensed Embalmer No. *3077*

P. O. Address *St Louis Mo*

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.