

RECEIVED OCT 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32818**
Registrar's No. **8238**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves, 4597		d. STREET ADDRESS (If rural, give location) 330 W. Lockwood Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) M. c. (Last) CARROLL			4. DATE OF DEATH (Month) (Day) (Year) August 31, 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1880		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months _____	IF UNDER 12 Hrs. Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Detroit, Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John W. Marshall		13b. MOTHER'S MAIDEN NAME Aurelia Demerese		14. NAME OF HUSBAND OR WIFE James M. Carroll			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME James M. Carroll-Mark Twain Hotel ADDRESS _____			
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) Atalectasis -left lung ANTECEDENT CAUSES DUE TO (b) Pleurisy left side DUE TO (c) Advanced cerebral arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS. <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 4 ds	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X			
22. I hereby certify that I attended the deceased from Jan. 1, 1951 , to Aug. 31, 1952 , that I last saw the deceased alive on Aug. 31, 1952 , and that death occurred at 7:45 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) MD				23b. ADDRESS 5100 Arsenal St.		23c. DATE SIGNED 8/31/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) (Mtr)		24b. DATE 9-3-52		24c. NAME OF CEMETERY OR CREMATORY Charleston, Mo.		24d. LOCATION (City, town, or county) (State) Charleston, Mo.	
DATE REC'D BY LOCAL REG. SEP 2 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Kriegshauser-4228 S. Kingshighway Bl.			

(Licensed Embalmer's Statement on Reverse Side)

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 William B White

Licensed Embalmer No. 4291

P. O. Address 4228 1/2 King Highway

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.