No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37683

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1184

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

1. PLACE OF DEATH
a. COUNTY: Buchanan,
b. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: St. Joseph
c. LENGTH OF STAY (in this place): 12 yrs. 1 mo. 19 dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 2,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis,
c. CITY (If outside corporate limits, write RURAL and give township) ~~OR TOWN~~: St. Louis, 4301
d. STREET ADDRESS (If rural, give location): 6208 Wells, 1

3. NAME OF DECEASED (Type or Print): a. (First) KATIE b. (Middle) — c. (Last) CARROLL,

4. DATE OF DEATH (Month) (Day) (Year): 11 - 13 - 1952,

5. SEX: Female 3
6. COLOR OR RACE: Negro,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed, 2
8. DATE OF BIRTH: 10-19-1887,
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 0, Days 24, — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: Home making.
11. BIRTHPLACE (State or foreign country): St. Louis County, Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jeremiah Smith
13b. MOTHER'S MAIDEN NAME: Kate F. Edwards,
14. NAME OF HUSBAND ~~OR WIFE~~: John Carroll,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no, (If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: none,
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mary Morgan - 6208 Wells. St. Louis, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Syphilitic Meningo encephalitis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Syphilis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 025X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-24-, 1950, *to* 11-13-, 1952, *that I last saw the deceased alive on* 11-12-, 1952, *and that death occurred at* 1 15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest Thomas, M.D.
23b. ADDRESS: State Hospital No. 2, St. Joseph, Mo.
23c. DATE SIGNED: 11-13-1952,

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal to
24b. DATE: 11 14 1952
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: Nov 17, 1952
REGISTRAR'S SIGNATURE: Carl C. Cadip 446
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wm. H. Alexander St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.