

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40055**  
**10876**  
Registrar's No. ....

FILED **DEC 12 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

7177

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 <b>Mo.</b> b. COUNTY <b>2259</b>	
b. CITY OR TOWN <b>St. Louis Mo.</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>218 So 4</b>		d. STREET ADDRESS (If rural, give location) <b>218 So. 4</b>	
3. NAME OF DECEASED (Type or Print) <b>Wm. Carroll</b>		a. (First)	b. (Middle)
4. DATE OF DEATH (Month) (Day) (Year) <b>10 30 52</b>		c. (Last)	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED/NEVER MARRIED, WIDOWED/DIVORCED (Specify)	8. DATE OF BIRTH <b>Apr 1877</b>
9. AGE (in years last birthday) <b>75</b>	# UNDER 1 YEAR	# UNDER 2 HRS.	# UNDER 5 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>Wm R</b>	11. BIRTHPLACE (City and State of Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Wm R</b>	13b. MOTHER'S MAIDEN NAME <b>Wm R</b>	14. NAME OF HUSBAND OR WIFE <b>Wm R</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give year and nature of service)	16. SOCIAL SECURITY NO. <b>Wm R</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J. C. Taylor</b> ADDRESS <b>300 Wm R</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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Lotus tremorig</b>	
		DUE TO (c)	
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 <b>J. C. Taylor</b>		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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>490X</b>	
22. I hereby certify that I attended the deceased from <b>11/19/52</b> to <b>11/29/52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>11/29/52</b> , and that death occurred at <b>11/29/52</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Paul Smith M.D.</b>		23b. ADDRESS <b>300 Wm R</b>	23c. DATE SIGNED <b>11/13/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>11-29-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>NOV 26 1952</b>	REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Rowland Mortuary Service</b> ADDRESS	

**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 Howard F. Rowland

Licensed Embalmer No. 3145

P. O. Address Winsted

**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.