

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

41899

318

1003

Registrar's No. 10577

| | | | | | | | | | |
|---|---------------------------|--|--|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>15 yrs</u> | | c. CITY OR TOWN <u>St. Louis</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 5838 Etzel Ave.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>5 5838 Etzel Ave.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Bryan</u> c. (Last) <u>Carroll</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1955</u> | | | | | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 31, 1899</u> | | 9. AGE (in years) (last birthday) <u>56</u> | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Ray Berry Barber Shop</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown Oklahoma</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>James Wm. Carroll</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Ann Menteer</u> | | 14. NAME OF HUSBAND OR WIFE <u>Rubye Carroll</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> | | 16. SOCIAL SECURITY NO. <u>WW-1 488-09-5171</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rubye Carroll 5838 Etzel Ave.</u> | | | | | |
| 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) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u> 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 <u>immediate</u> <u>1 yr.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>420.1</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>6-17-53</u> , 19 <u>53</u> , to <u>11-21-55</u> , 19 <u>55</u> , that I last saw the deceased on <u>11-21-55</u> , 19 <u>55</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Anthony V. Benincasa MD.</u> | | | | 23b. ADDRESS <u>3731 Goodfellow Blvd</u> | | 23c. DATE SIGNED <u>12-2-55</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>Dec. 3, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hills Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>DEC 2 1955</u> | | REGISTRAR'S SIGNATURE <u>J. C. Smith MD.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons 6125 Belmar</u> | | | | | |

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

Carroll

Dr. Brennan
3731 Goodfellow
Co 1-7301

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.....
Signature of Student Embalmer

Signed *Jos. E. McCulloch*

Licensed Embalmer No. *246*

P. O. Address *6175 De*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.