

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45694
STATE FILE NUMBER
11445

Registration District No. **318** Primary Registration District 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	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		Length of stay in lb 3 Hrs	d. STREET ADDRESS (If outside, give location) 5502 Thrush Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Dewey Middle W. Last Carroll			4. DATE OF DEATH Month Nov. Day 27 Year 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 17 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Capt. Fire Dept		10b. KIND OF BUSINESS OR INDUSTRY Firefighting	11. BIRTHPLACE (City and state or country) Mo.
13a. FATHER'S NAME George Carroll		13b. MOTHER'S MAIDEN NAME Bessie Wallace	14. NAME OF HUSBAND OR WIFE Elmira Carroll
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWI		16. SOCIAL SECURITY NO. ---	17. INFORMANT Address Elmira Carroll 5502 Thrush Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration of fluid white stomach Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) was being washed out from DUE TO (c) taking an unknown liquid PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accidentally. In hand			INTERVAL BETWEEN ONSET AND DEATH 1 1/2
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) on November 27, 1957.	
20c. TIME OF INJURY Hour 11 Month, Day, Year 27 57 a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN OR LOCATION COUNTY STATE St Louis Mo.	
21. I attended the deceased from _____ and last saw her alive on Nov Death occurred at 450 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James M Kelly (Degree or title) Public Health		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 11-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12/2/57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR ADDRESS Buchholz Mortuary 5967 W. Florissant		25. DATE RECD. BY LOCAL REG. NOV 29 57	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert M. Murray*
Licensed Embalmer No. *37490*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.