

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4695**

AMENDED

FILED JUN 2 1961

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <i>St. Louis Mo.</i>			Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MK</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1118</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Walter</i> Middle <i>Col. Henry</i> Last <i>Carroll</i>				4. DATE OF DEATH Month <i>4</i> Day <i>22</i> Year <i>61</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>3 wks</i>	9. AGE (last birthday) <i>3 wks</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (City and state or country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>Mo.</i>	
13a. FATHER'S NAME <i>Walter</i>			13b. MOTHER'S MAIDEN NAME <i>Walter</i>		14. NAME OF HUSBAND OR WIFE <i>Walter</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give year or dates of service) <i>Walter</i>			16. SOCIAL SECURITY NO. <i>Walter</i>		17. INFORMANT'S ADDRESS <i>Walter E. Taylor 1300 Clark</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Broncho Pneumonia, then Deceased</i> DUE TO (b) <i>was found in Mouth of Sewer in front</i> DUE TO (c) <i>fact. 1919 St. Spring, Va. 55 mi. 4-22-61</i>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>983x</i>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) <i>in Mouth of Sewer</i>					
20c. TIME OF INJURY Hour <i>11</i> a.m. <i>11</i> p.m. Month, Day, Year <i>4 22 61</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>11</i>		20e. CITY, TOWN OR LOCATION <i>St. Louis</i>		20f. COUNTY <i>Mo.</i>		
21. I attended the deceased from <i>4</i> to <i>4</i> and last saw her/him alive on <i>4</i> . Death occurred at <i>4</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) <i>Patrick E. Taylor Curran</i>				22b. ADDRESS <i>1300 Clark</i>			22c. DATE SIGNED <i>5/11/61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>MAY 31 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>		(State)	
24. <i>Rowland Aker Mortuary Service</i> ADDRESS <i>4104 Manchester Ave.</i>			25. DATE RECD. BY LOCAL REG. <i>MAY 18 1961</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.