

=63-013100

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District 1003 Registrar's No. 3340 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAR 28 1963

1. PLACE OF DEATH  
a. COUNTY -----  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b life  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes's Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY -----  
c. CITY OR TOWN St. Louis Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 4145 Flora Place Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH  
MARGE CARROLL March 21, 1963

5. SEX Female 6. COLOR OR RACE Caucasian 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1-12-07 9. AGE (last birthday) 56 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher 10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo. 11. BIRTHPLACE (City and state or country) U.S. 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME Roger Carroll 13b. MOTHER'S MAIDEN NAME Ellen Connors 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Nelle Carroll, 4145 Flora, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Bacterial Endocarditis INTERVAL BETWEEN ONSET AND DEATH Two weeks  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease 4 1/2 Four years  
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/15/63 to 3/21/63 and last saw her/him alive on 3/20/63  
Death occurred at 5:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) James A. Neutchen M.D. 22b. ADDRESS 114 No Taylor 22c. DATE SIGNED 3/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE March 23, 1963 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR ADDRESS Arthur J. Danally 3840 Lindell 25. DATE RECD. BY LOCAL REG. MAR 22 1963 REGISTRAR'S SIGNATURE Roald Smith, M.D.

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 *Francis Williamson*  
*W. H. [unclear]*

Licensed Embalmer No. 3565  
4694

P. O. Address 3840 Lindale

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.