

Registration District No. **17**

Primary Registration District No. **6076**

Registrar's No. **320**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Veterans Administration Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **28 days**
(Specify whether years, months or days)
 In this community **See above**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Illinois** (b) County **Macoupin**
 (c) City or town **Staunton**
(If outside city or town limits, write "RURAL")
 (d) Street No. **303 Prairie**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **CARROLL, Henry Leo**
 3. (b) If veteran, name war **World I**
 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **September 18, 1888**
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
57	4	16	hr. _____ min.

9. Birthplace **Staunton Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **--**

12. Name **Patrick Carroll**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Margaret Monahan**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clinical Clerk, Vet. Adm. Hosp.**
 (b) Address **Jefferson Barracks, Mo.**

17. (a) **REMOVAL** (b) Date thereof **FEB 6-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **STAUNTON, ILLINOIS**

18. (a) Signature of funeral director **C. HOFFMEISTER U+LC**

(b) Address **7814 S. BROADWAY**

19. (a) **2-7-46** (b) **E. M. Sanders, M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **February** day **4**, year **1946** hour **3:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **January 7, 1946**, to **February 4, 1946**; that I last saw him alive on **February 4, 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **HYPERTENSIVE & CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC ENLARGEMENT & MYOCARDIAL INSUFFICIENCY.**
 Contributory Cause. **131/135**

~~OTHER HYPERTENSION ARTERIAL.~~
~~NEPHRITIS CHRONIC WITH NITROGEN RETENTION.~~
 Other conditions **--**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations **No operation.**
 Of autopsy **No autopsy.**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **No.**
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? **(RAIL)**

While at work? **Harvey E. Sisk**
(Specify type of injury) (Means of injury)
 23. Signature **HARVEY E. SISK, Major** (M. D. or other) **M.C.**
 Address **Vet. Adm. Hosp., Staunton, Mo.** Date signed **2/5/46**

FEB 23 1946

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2879

P. O. Address. 7814 T. Roadway

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.