WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11372

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. 4156 Connecticut St. ..... Ward)

File No. .....

Registered No. 3212

2. FULL NAME Thomas McCartney

(a) Residence. No. 4156 Connecticut St., 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28-1856.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	11	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Meat Grader

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER John McCartney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Agnes Cochran

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT Mary A. McCartney (Address) 4156 Connecticut

15. FILED 21, 19 Mary C. Starkoff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20- 1928-

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1928, to March 20, 1928, that I last saw him alive on March 20, 19....., and that death occurred, on the date stated above, at 4:08 A.m.

51C THE CAUSE OF DEATH* WAS AS FOLLOWS: 1 mo - 20 days
131 Enlarged Prostate probably malignant
131 becoming abscessed + extravasation of urine into Ischio Rectal space + sloughing of those parts (duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chronic Parenchymatous Nephritis (duration) 1 yrs. 4 mos. ..... ds.

49

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Opened abscess DATE OF March 15, 28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. Reidmann, M. D

3/20, 1928 (Address) 3156 Morganford Rd.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cuba Mo. DATE OF BURIAL 3-22-1928

20. UNDERTAKER Ziegenhein Bros. 2623 Cherokee ADDRESS