

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

Do not use this space.

3457

1. PLACE OF DEATH

County..... Registration District No. 78
Township..... Primary Registration District No. 30008
City St. Louis (No. 4674, Manhattan)

File No.....
Registered No. 368
St. Ward)

2. FULL NAME Bernice M. Mc Carthy

(a) Residence, No. 4674, Manhattan, St. 15 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u> <u>daughter of</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 - 1908</u>		
7. AGE	YEARS <u>24</u>	MONTHS <u>4</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>check in</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Peter - Dyer - Col</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec 23 - 1932</u>	11. Total time (years) spent in this occupation <u>3 mo</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 10 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to 1-10, 1933.
I first saw her alive on 1-10, 1933. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset Aug 1932
7-5-33

Other contributory causes of importance: 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St. Louis
Mo.

MOTHER / FATHER

13. NAME James Mc Carthy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Princeton
Iowa

15. MAIDEN NAME Sarah Courtway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo.

17. INFORMANT James Mc Carthy
(ADDRESS) 4674 Manhattan

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St. Peter - Paul DATE Jan 12, 1933

19. UNDERTAKER J. B. Schubert
(ADDRESS) 2630 Broadway Ave

20. FILED JAN 11 1933
Max Standen
Registrar.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify.....
(Signed) J. B. Schubert, M. D.
(Address) 1607 Travis

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.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

25-3
1-1-33

4602 Grosvois Ave.
St. Schwab, Ill.
7 To 8 Pm