

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

Do not use this space.

3107

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. ....)

**De Paul Hospital**

File No. ....

Registered No. **765**

**2. FULL NAME**

(a) Residence No. **1712 N. Euclid** St. **6** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **20** yrs. **—** mos. **—** ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>Married</b>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John M. McCarty**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb. 2, 1912**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day: hrs. or min.
<b>26</b>	<b>10</b>	<b>28</b>		

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **House work**  
(b) General nature of industry, business, or establishment in which employed (or employer) **at home**  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Red Bird**  
(STATE OR COUNTRY) **Mo**

PARENTS

10. NAME OF FATHER **Grant Albertson**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Red Bird**  
(STATE OR COUNTRY) **Mo**

12. MAIDEN NAME OF MOTHER **Georgia Eno**

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

14. INFORMANT **John M. McCarty**  
(Address) **1712 N. Euclid**

15. FILED **31 1934**  
**J. Bredick**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 20<sup>th</sup> 1934**

17. I HEREBY CERTIFY, That I attended deceased from **12/22** 19**34** to **Jan 20** 19**34** that I last saw him alive on **Jan 20** 19**34** and that death occurred, on the date stated above, at **9:14** a.m.

146 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Acute Myocarditis. Ac Pericarditis**  
**Ac. Myocarditis**  
**Robert Permann** (duration) yrs. **1** mos. **—** ds.

CONTRIBUTORY (SECONDARY) **Robert Permann** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED  
IF NOT AT PLACE OF DEATH **1712 N. Euclid**

DID AN OPERATION PRECEDE DEATH? **No** DATE OF **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical findings**  
(Signed) **Thomas Hawton** M. D.  
, 19 (Address) **2243 N. Euclid**

\*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 **Granite City Ill** DATE OF BURIAL **1-23 1934**

20. UNDERTAKER **J. E. Meara** ADDRESS **Granite City Ill**

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.

27 1934

