

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.

NOV 13 1934

37902

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* (No. *4653 North Market St*)..... St. .... Ward)

File No. ....

Registered No. **10389**

2. FULL NAME

(a) Residence, No. *1391 Burk Ave* St., *6* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Ellen McCarthy*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 19th 1885*

7. AGE YEARS *49* MONTHS *5* DAYS *6* If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Electrician worker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

13. NAME *John McCarthy*

14. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Mrs. Mary Ellen McCarthy 4653 North Market St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *Oct 27th 34*

19. UNDERTAKER (ADDRESS) *Thos Carroll 4302 Natural Bridge Ave*

20. FILED *Oct 26 1934* *J. B. Beck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 25th* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *Oct 23* *24*, 19*34*

I last saw him alive on *Oct 24*, 19*34* Death is said

to have occurred on the date stated above, at *7:15* a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Alcoholic*  
*758*  
*100*

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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) *Martin J. Sleep*, M. D.

(Address) *721 Glen St*

