

SEP 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4523a Easton Ave.

File No. 32950
Registered No. 8832
St. Ward)

2. FULL NAME John J. McCarthy

(a) Residence, No. 4523a Easton Ave. St. 11 Ward.

(If nonresident, give city or town and State)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dina McCarthy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27, 1867</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>07</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Tailor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Tailor Shop</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan. 1934</u>		11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>
13. NAME <u>James McCarthy</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
15. MAIDEN NAME <u>Mary McCarthy</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
17. INFORMANT (ADDRESS) <u>Dina McCarthy</u> <u>4523a Easton Ave.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>8/26/36</u>
19. UNDERTAKER (ADDRESS) <u>Bullen & Kelly</u> <u>1516 N. Jefferson</u>
20. FILED <u>AUG 25 1936</u> <u>J. Bredech</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 23 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20 1935, to Aug 23rd 1936
I last saw him alive on Aug 22nd 1936 Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Apoplexy
8/20
Arteriosclerosis
Date of onset June 1934
about 3 PM

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? chest 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. G. Bensoni, M. D.

(Address) 1441 Marquis av

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.

