JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 22314

Township ..... Primary Registration District No. 1003 Registered No. 6066

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

2. FULL NAME Patrick McCarthy,

(a) Residence, No. City Infirmary, St., 13 Ward. (If nonresident, give city or town and State)

(Usual place of abode) 5800 Arsenal St.

Length of residence in city or town where death occurred 46 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1860.

7. AGE: 1860 YEARS: 77 MONTHS: 3 DAYS: 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Shoe

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

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation

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

FATHER

13. NAME John McCarthy,

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

MOTHER

15. MAIDEN NAME Mary Hicky

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

17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL in Calvary Cem

PLACE ..... DATE Jan 24 1937

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 2301 Lafayette Ave

20. FILED JUN 23 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934, to June 21, 1937

I last saw him alive on June 21, 1937. Death is said to have occurred on the date stated above, at 7:00 m. A.M.

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

	Date of onset
HYPERTENSIVE HEART DISEASE & CONGESTIVE FAILURE	

Other contributory causes of importance: ARTERIOSCLEROSIS, GENERALIZED

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? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 5600 Arsenal

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.

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