FEB 12 1938

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

2/1

Do not use this space. 738

1. PLACE OF DEATH

(a) County ..... Registration District No. 791 1003

(b) Township ..... Primary Registration District No. ..... Registered No. 594

(c) City St. Louis (d) Street No. 5855 Nina Pl St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 69 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anne Theresa McCarthy 2 63

(a) Residence, No. 5855 Nina Pl St. 7
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: John J

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/3/68

7. AGE: 69 YEARS | MONTHS: 2 | DAYS: 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY): St. Louis Mo 0

FATHER
13. NAME: William Judge 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 0

MOTHER
15. MAIDEN NAME: Anne Gallagher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): John J McCarthy 5855 Nina Pl

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cemt. DATE: Jan 17, 1938

19. FUNERAL DIRECTOR (ADDRESS): Harrigan & Sheahan Und Co 4415 Washington Blvd

20. FILED: JAN 18 1938 19 ..... J F Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1938, to Jan 16, 1938
I last saw her alive on Jan 16, 1938. Death is said to have occurred on the date stated above, at 12:30AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, caused by cardio-renal disease	10 days

95 b2

Other contributory causes of importance:

Cardio-renal disease	years
hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Arthur Lundlaff, M. D.
(Address) 2207 University Street

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr Grundlach
2102 Ellis St.

STATEMENT BY LICENSED EMBALMER

I, Albert G Hoppe, Licensed Embalmer No. 2961

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Albert G Hoppe,

Licensed Embalmer No. 2961

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)