

REC'D APR 11 1938

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

9324
Do not use this space.

1. PLACE OF DEATH
 (a) County _____ Registration District No. **791**
 (b) Township _____ Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **City Sanitarium** St. _____
 (e) Length of residence in city or town where death occurred **58** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME **Mary McCarthy** **263**
 (a) Residence, No. **2732 Ellendale** St. **3**
 (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) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **7-7-1883** **1883**

7. AGE YEARS **54** MONTHS **8** DAYS **21**
 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Scrub Woman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Office Bldg**
 10. Date deceased last worked at this occupation (month and year) **1929**
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisville** **Kentucky**

FATHER
 13. NAME **Unknown**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown** **Kentucky**

MOTHER
 15. MAIDEN NAME **Mary Hazelman**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown** **Kentucky**

17. INFORMANT **Otis Taylor, M.D.**
 (ADDRESS) **5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL **New St. Marcus Cem.** DATE **3/30/38**

19. FUNERAL DIRECTOR **Cochran Ltd. Co. Inc.**
 (ADDRESS) **146 Manchester Ave.**

20. FILE **MAR 28 1938** **J. D. Brubaker**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-28-38**, 19____

22. I HEREBY CERTIFY That I attended deceased from **7-1-38**, 19____, to **3-28-38**, 19____.
 I last saw her alive on **3-28-38**, 19____. Death is said to have occurred on the date stated above, at **5:20 A.M.**
 The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Heart Disease 5-14-30 x
9552
 Other contributory causes of importance:
Broncho-pneumonia 3-27-38
Laporatomy-Intestinal, Benign Obstruction 3-24-38
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **Yes**

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) **Otis Taylor**, M. D.
 (Address) **City Street**

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.

STATEMENT BY LICENSED EMBALMER

I, M. J. Croghan, Licensed Embalmer No. 2622

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

L. E. Francis Williamson

No. 3565 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed M. J. Croghan
Licensed Embalmer No. 2622

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