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

REC'D JUN 12 1939

17299
Do not use this space.

4833

1. PLACE OF DEATH
(a) County 3
(b) Township
(c) City ST. LOUIS 1
Registration District No.
Primary Registration District No.
Registered No.
(d) Street No. 5415 PAGE 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 263 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARGARET McCARTHY
(a) Residence, No. 5963 OAKHURST St. 5
(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*): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 9, 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	8	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SCHOOL TEACHER
9. Industry or business in which work was done, as saw mill, bank, etc. PUBLIC SCHOOLS
10. Date deceased last worked at this occupation (month and year) MAY 1939
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) ST LOUIS
(STATE OR COUNTRY) MO

FATHER
13. NAME DANIAL A. McCARTHY
14. BIRTHPLACE (CITY OR TOWN) IRELAND
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME BRIDGET AHERNS
16. BIRTHPLACE (CITY OR TOWN) IRELAND
(STATE OR COUNTRY)

17. INFORMANT NELLIE McCARTHY
(ADDRESS) 5963 OAKHURST

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 5-29 1939

19. FUNERAL DIRECTOR (NAME) Cullen & Kelly
(ADDRESS) 1416 N. Taylor

20. FILED MAY 28 1939 J. F. Breckel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from about, 1936, to 5/26, 1939
I last saw h. as alive on May 26, 1939 Death is said to have occurred on the date stated above, at 1:35 p.m.
The principal cause of death and related causes of importance were as follows:

Hemorrhage of Brain — Date of onset 5/26/39

Other contributory causes of importance:
Hypertension

Name of operation — Date of
What test confirmed diagnosis? Autopsy 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? No
If so, specify
(Signed) Arthur E. Strauss, M. D.
(Address) 539 N. Grand Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Clement J. McNeary ....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Clement J. McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.)

If this body is not embalmed, above space should be left blank.