

Aug 11 1939

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 6179

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3540 Nebraska 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME David H. Carney 650

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased July 12, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>0</u>	<u>0</u>	hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation City Fireman Watchman

11. Industry or business _____

12. Name Valentine Carney

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Brazeal

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louise Carney

(b) Address 3540 Nebraska

17. (a) Burial (b) Date thereof 7/14/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus

18. (a) Signature of funeral director Mackey - Heller

(b) Address 2331 S. Broadway

19. (a) JUL 13 1939 (b) J. P. Brudwick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3540 Nebraska
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
 year 1939 hour 2 minute 30 a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

arteriosclerosis
after resuscitation

Due to _____

cardiac hypertrophy

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Of operations _____

Of autopsy gza

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Brudwick (M. D. or other) _____

Address _____ Date signed 7/13/39

REPRODUCING DEAD INK—MAKE 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

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

Signed..... *Frank J. Wyland Jr.*

Licensed Embalmer No. *2645*

P. O. Address..... *St. Louis Mo*

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.