DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24361

REC'D AUG 11 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 6634

1. PLACE OF DEATH: 1008

(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: DePaul Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouir (b) County

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

(d) Street No. 4602 W. Florissant Ave.
(If rural, give location)

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

7

3. (a) PRINT FULL NAME George J. McCarthy 263

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 13 (Day) 1862 (Year)

8. AGE: Years 76 Months 8 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Draftman 5

11. Industry or business

FATHER
12. Name Patrick McCarthy 5
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Watson
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Sophia McCarthy
(b) Address 4602 W. Florissant Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 '39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Bromschwig Und Co
(b) Address 4746 W. Florissant Ave.

19. (a) JUL 28 1939 (Date received local registrar) J. D. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 26
year 1939 hour 8 PM minute 40 P.M.

21. I hereby certify that I attended the deceased from JULY 11, 1939, to JULY 26, 1939
that I last saw him alive on JULY 26, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ACLOBAR PNEUMONIA RT BASE	JULY 24 '39
Due to Arteriosclerosis	
Due to Heart	1932
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

108

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

23. Signature [signature] (M. D. or other)
Address 4114 W. Florissant Date signed 7/28/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK 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.

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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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.