FILED APR 15 1940

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8792

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2275

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: 4042 N. MARKET ST.
(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 MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4042 N. MARKET ST.
(If rural, give location)

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

3. (a) PRINT FULL NAME AMANDA McCARTHY

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife DANIEL McCARTHY

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

7. Birth date of deceased APRIL 12, 1876
(Month) (Day) (Year)

8. AGE: Years 63 | Months 10 | Days 24 | If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name DONT KNOW
13. Birthplace Dont know
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name BESSIE GALLUP
15. Birthplace DONT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant ANNA B. KEEVIS
(b) Address 4042 N. MARKET ST.

17. (a) BURIAL (b) Date thereof 3-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur Donnelly
(b) Address 3840 LINDELL BLVD.

19. (a) (Date received local registrar) MAR 7 1940 (b) J. B. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 6, year 1940 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 1st 38, 19 to March 6th, 1940 that I last saw her alive on March 5th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 W. W. Farris (M. D. or other)
Address 3405 N. Grand Date signed 3/7/40

(Licensed Embalmer's Statement on Reverse Side)

Dr W Farris
3505 N. Grand Av
9-11 Ann.

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell B

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.)

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