

APR 21 1941

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9254**
Registrar's No. **2664**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 Days**
(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. **3746 PAGE BLVD**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary McCarthy**

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

4. Sex **FEMALE** 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 **Unknown**
(Month) (Day) (Year)

8. AGE: Years **alt. 74** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **EBENSBURG, PENNSYLVANIA**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED HOTEL HOUSEKEEPER**

11. Industry or business _____

12. Name **JOHN MCCARTHY**

13. Birthplace **COUNTY CORK IRELAND**
(City, town, or county) (State or foreign country)

14. Maiden name **ELLEN MAHONEY**

15. Birthplace **COUNTY CORK IRELAND**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. MARY SHEA**

(b) Address **3746 PAGE BLVD**

17. (a) **BURIAL** (b) Date thereof **3 26 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Wick + Wickmohr**

(b) Address **3039 Eastwood Ave.**

19. (a) **MAD 25 1941** (b) **J. T. Bredich**
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23**, year **1941** hour **4:45** minute _____ P. M.

21. I hereby certify that I attended the deceased from **March 17**, 19**41**, to **March 23**, 19**41**, that I last saw her alive on **March 23**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis**
Due to _____
Due to _____
Other conditions **abdominal aneurysm**
(Include pregnancy within 3 months of death)

Duration

Major findings: Of operations _____
Of autopsy **Aut**

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? _____

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

23. Signature **W. M. Fitzgerald** (M. D. or other) _____
Address **1515 Lafayette Avenue** Date signed **3/24/41**

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

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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.....

John J. Jetter
Licensed Embalmer No..... 3880

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, fact should be so stated above.