

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No.

Registrar's No. 5978

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 5104a Thekla Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 7 (Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME John Patrick Mc.Carty,

3. (b) If veteran, name war.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White 3

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

6. (b) Name of husband or wife. Unknown

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased. January 25 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 5 25 hr. min.

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

10. Usual occupation Clerk

11. Industry or business Unemployed

MOTHER FATHER { 12. Name John Mc.Carty

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

14. Maiden name Catherine Monahan

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

16. (a) Informant Mrs. George Simon

(b) Address 5104a Thekla Ave.

17. (a) Burial (b) Date thereof 7 -23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

* (c) Place: burial or cremation Calvary Cemetery Cullinane Bros.

18. (a) Signature of funeral director. Thomas P. Bredeck

(b) Address 1710 N. Grand Blvd.

19. JUL 22 1941 (b) Thomas P. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5104a Thekla Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20
year 1941 hour 3 minute 0 a. m. P. m.

21. I hereby certify that I attended the deceased from April 4
1941 to July 20 1941
that I last saw ~~him~~ her alive on July 19 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Thrombosis

Duration 2 1/2 years

Due to.

Due to.

Other conditions. (Include pregnancy within 3 months of death) None

Major findings: Of operations None

Of autopsy.

PHYSICIAN None
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)

(c) Means of injury

23. Signature Thomas P. Bredeck (M. D. or other) None
Address 2239 N. Grand Date signed 7/22/41

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.....

Fred Trick

Licensed Embalmer No. 3186

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, fact should be so stated above.