

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23709**
6051
Registrar's No.

FILED AUG 28 1941

Registration District No. **791** Primary Registration District No. **1003**

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:
7714 Vermont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **45 yrs.** / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **1 ?**
(d) Street No. **7714 Vermont** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **James McCarthy**
(b) If veteran, name war **=**
(c) Social Security No. **=**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **23** rd
year **1941** hour **14** minute **a.m.**
21. I hereby certify that I attended the deceased from
4-29-41 to **7-23-41**
that I last saw him alive on **7-23-41**
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
(b) Name of husband or wife **Margaret McCarthy**
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Jan. 8 1876**
(Month) (Day) (Year)

Immediate cause of death: **Cancer of**
Larynx - Right Neck 1 yr
Primary with Met. (operated
on 1 yr ago)
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
65 6 15 hr. min.

Other conditions: **Chr. Myocarditis 5 yrs**
(Include pregnancy within 3 months of death)
PHYSICIAN _____

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

10. Usual occupation _____

11. Industry or business **retired**

MOTHER FATHER { 12. Name **Patrick McCarthy**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Carry**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy **150**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Paul McCarthy**
(b) Address **7714 Vermont**

17. (a) **burial** (b) Date thereof **7-25-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

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 _____

(c) Place: burial or cremation **Mt. Olive**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Ave.**
19. (a) **JUL 24 1941** (b) **J. H. Bredich**
(Date received local registrar) (Registrar's signature)

23. Signature **Leon Backer** (M. D. or other) **10**
Address **2547 Mark Blw** Date signed **7/23/41**

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.....

Alvin E. Fumelle

Licensed Embalmer No..... *448*

P. O. Address..... *M. 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.