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S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JULY 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32977

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7929

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 9 Days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 1311 LaSalle St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ellen McCarthy

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Richard

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

7. Birth date of deceased July (Month) 14 (Day) 1869 (Year)

8. AGE: Years 72 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Alton (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Patrick Alred
13. Birthplace Unk. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Joseph McCauley
(b) Address Park Hotel--13th and Olive

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) OCT 3 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3. year 1941 hour 7:20 minute A. M.

21. I hereby certify that I attended the deceased from September 25, 1941, to October 3, 1941; that I last saw her alive on October 3, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death (LENTICULOSTRIATE) Cerebrovascular thrombosis left lenticulostriate artery with subarachnoid hemorrhage.	9 days
Due to Generalized arteriosclerosis	? yrs
Due to Epilepsy - idiopathic	34 yrs.
Hyperostosis frontalis interna	? yrs
Other conditions (Include pregnancy within 3 months of death) Enlargement of heart	
Hypertrophic arthritis	

Major findings:
Of operations
Of autopsy None. 95

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) 95
(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 L. O. Mulligan (M. D. or other)
Address 1515 Lafayette Ave. Date signed 10/3/41

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1950

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.....

Licensed Embalmer No.....

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.