

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

in Oxford
arcade Bldg 4647
State File No. 2017

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 1

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Missouri Baptist
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 wks (Specify whether
In this community 6 wks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Carothersville Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sterling H. McCarty

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. None

4. Sex Male 5. Color of 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 January - 8 - 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day March year 1942 hour 10 minute PM

21. I hereby certify that I attended the deceased from May 29 1942 to March 2 1942
that I last saw him alive on Mar 2 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 1 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Henderson Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Circuit Judge

11. Industry or business _____

MOTHER FATHER { 12. Name John McCarty

13. Birthplace D. K. Hicks
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace D. K. Hicks
(City, town, or county) (State or foreign country)

16. (a) Informant Frank B. Allen Rowland
(Name of person furnishing information)

(b) Address Carothersville Mo.

17. (a) Burial (b) Date thereof 3-8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carothersville Mo.

18. (a) Signature of funeral director Laforge Funeral Home
(Name of funeral home)

(b) Address Carothersville Mo.

19. (a) MAR 4 - 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

Immediate cause of death Coronary heart failure Duration 1 mo

Due to Hypertension 1 year

Due to Nephritis 1 mo

Other conditions low

(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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. J. Brudeck (M. D. or other) _____

Address 958 Arcadia Bldg Date signed 3/2/42

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

MAR 27 1912

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 *Howard A. Rowland*
Licensed Embalmer No. *2114*
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.