

FILED APR 8 1942
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: **DePaul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 Mon.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Rev. Vincent J. McCartney**

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

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S.**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Unk. Unk. 1876**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 Unk. Unk. hr. min.

9. Birthplace **St. Louis Mo. In**
(City, town, or county) (State or foreign country)

10. Usual occupation **Catholic Priest**

11. Industry or business.....

MOTHER FATHER { 12. Name **James McCartney**
13. Birthplace **Wis. I**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Burne**
15. Birthplace **Ill. I**
(City, town, or county) (State or foreign country)

16. (a) Informant **Vincent Stiebel**

(b) Address **7229 Shaftsbury Ave.**

17. (a) **Burial** (b) Date thereof **3-23-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd.**

19. (a) **MAR 20 1942** (b) **J. F. Bredes**
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Chesterfield, 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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **19th.**
year **1942** hour **12** minute **25 P.M.**

21. I hereby certify that I attended the deceased from **July 1**
1941 to **Mar 19** 1942
that I last saw him alive on **Mar 19** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death **Multiple Myeloma of vertebrae**
Due to..... Duration.....

Due to.....
Other conditions..... (Include pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

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 **George A. Carroll** (M. D. or other).....
Address **607 N. Grand** Date signed **7/20**

Dr. Geo. Cartroll
Univ. Club Bldg.

Stanley Marshall

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 *Stanley Marshall*
Licensed Embalmer No. *2868*
P. O. Address *3840 Russell*

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.