

345  
S. No. 2  
BOM-542  
v. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26072

FILED AUG 25 1942 791

State File No. ....

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 6811

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

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  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Days  
(Specify whether years, months or days)

In this community MISSOURI

3. (a) PRINT FULL NAME Edward McBriarty

3. (b) If veteran, name war.....

3. (c) Social Security No. 494-01-1341

4. Sex MALE

5. Color or 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 1878  
(Day) (Year)

7. Birth date of deceased MARCH 3 1878  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>5</u>	<u>9</u>	hr. min.

9. Birthplace DONT KNOW MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE PAINTER

11. Industry or business.....

12. Name JOHN F. McBRIARTY

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

14. Maiden name ELLEN CARAHAR

15. Birthplace DONT KNOW MARYLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. AGNES SNEED

(b) Address 1402 SO. 4th ST. SPRINGFIELD

17. (a) BURIAL (b) Date thereof 8-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

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

(b) Address 3840 Lindell Blvd

19. (a) AUG 22 1942 (b) F. F. Predeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 217

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 4319 GERTRUDE AVE.  
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12 year 1942 hour 11:25 minute A. M.

21. I hereby certify that I attended the deceased from July 22, 1942 to August 12, 1942  
that I last saw him alive on August 12, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Prostate gland of Carcinoma of  
Duration

Due to 51

Due to Bilateral Hydrocephalus

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) Means of injury 2

23. Signature Reed C. Colvard (M.D. or other) 8/12/42

Address 1515 Lafayette Ave. Date signed

888 (Licensed Embalmer's Statement on Reverse Side)

**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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**