

FILED NOV 4 1943 18

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8883

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

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4343 Forest Park Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4343 Forest Park Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME John R. McCarthy.

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 Married

6. (b) Name of husband or wife Mrs. Minnie McCarthy 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. March 27th 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 6 29 hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Attorney.

11. Industry or business.....

12. Name James McCarthy.

13. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

14. Maiden name Hanorah Moloney. 4

15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John R. McCarthy.

(b) Address 4343 Forest Park Blvd.

17. (a) Burial (b) Date thereof. 10-28-42
(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) OCT 26 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th
year 1942 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from 6-15-42 to 10-26- 1942
that I last saw him alive on 10-25- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pneumonia Duration 5 mo.

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
Hypertension
4/6

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 J. A. Bremer (M.D. or other)
Address 517-37 20th St. St. Louis Date signed 10-26-42

Dr. [unclear]
3720 West
1-3

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 Lindell Blvd*

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.