S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16345

FILED MAY 18 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4389

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17 5
(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6038 Horton Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Daniel McCarthy.
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma L. McCarthy
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Aug. 9, 1864. (Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 1 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Knight Watchman
11. Industry or business St. Louis Fire Dept.
MOTHER FATHER
12. Name John Mc Carthy
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
14. Maiden name Elizibeth Brasheer
15. Birthplace England 4 (City, town, or county) (State or foreign country)
16. (a) Informant Emma L. Mc Carthy
(b) Address 6038 Horton Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12/43. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) MAY 1 1 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1943 hour 5.00 minute A.M. M.
21. I hereby certify that I attended the deceased from Apr 27th 1943 to May 10th 1943 that I last saw him alive on May 9 1943 pm 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, right upper jaw and right cheek (No statement) — Duration 3-4 mo
Due to Cause not known (of Carcinoma)
Contributory
Due to Pneumonia left lung.
Primary site right upper jaw
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma right upper jaw. and rt. cheek.
Of autopsy None

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) no
(b) Date of occurrence
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? No (Specify type of place) (e) Means of injury

23. Signature J. C. Landrae (M. D. or other)
Address 437 Univ. Club Bldg, St Louis Mo Date signed 5-10-43

(Licensed Embalmer's Statement on Reverse Side)

BR. J.C.Landree
2-5 P.M. daily
University Club Bldg.,
Je 6123

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

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.

McCarty