

40194

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 10727

FILED DEC 22 1943

Registration District No. 318

Primary Registration District No. 1003

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: Faith Hospital - 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 11/6/43 - 1/5/44 (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME McCarthy Theresa
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife John J
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 24th 1864 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER
12. Name Unknown
13. Birthplace Ireland ? (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Howard
(b) Address 4043 St. Louis Ave.

17. (a) Burial (b) Date thereof 12/7/43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cent

18. (a) Signatures Harrison & Sheehan Und Co

(b) Address 4415 Washington Blvd.

19. (a) (Date received by registrar) (b) Registrar's signature J. J. [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4537 Moffitt 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 12/5/43
year hour 2:15 PM M.

21. I hereby certify that I attended the deceased from 1/16/43 to 1/15/43
that I last saw her alive on 1/15/43 and that death occurred on the date and hour stated above.

Immediate cause of death: Fractures of left humerus & left femur & coronary disease.
Due to

Due to T-43
Other conditions: Major findings of operation: Dependent Coronary Disease

PHYSICIAN
Of autopsy Above 1/2 ca of sigmoid.
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) Accident
(b) Date of occurrence 12/16/43
(c) Where did injury occur? Home St Louis Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home (Specify type of place)
While at work? no (e) Means of injury Fall

23. Signature J. J. Signorelli (M. D. or other) MD
Address 2801 9th St
Date signed 1/19/44

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

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

John Ogowski
.....
Licensed Embalmer No. *3398*
.....
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.