

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 517

FILED JAN 20 1945 318

1003

Registrar's No. 158

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri
 (b) City or town St. Louis
 (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 1mo-26days
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 520 Chestnut st.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 6th
 year 1945 hour 4:45 minute 4. M.
 21. I hereby certify that I attended the deceased from 11/11/44
 , 19, to 1/6/45, 19,
 that I last saw him alive on 1/6/45
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocardial failure
 Duration

8. AGE: Years Months Days If less than one day
 About 80 hr. min.
 9. Birthplace Unknown Illinois
 (City, town, or county) (State or foreign country)

Due to Uremia
 Due to Ca. of prostate with metastasis
 Other conditions Bacterial endocarditis
 (Include pregnancy within 3 months of death)

11. Industry or business Unknown
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 16. (a) Informant Francis P. Weisman
 (b) Address 6310 Louisiana
 17. (a) Burial (b) Date thereof Jan. 9, 1945
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olive Cem.
 18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
 (b) Address 7814 S. Broadway
 19. (a) JAN 8 1945 (b) J. F. Bredich
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy Bacterial endocarditis, ulcerative gastritis, Necrotic cephalitis
 Underline the cause to which death could 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) (c) Means of injury
 23. Signature E. W. Czembrinski (M. D. or other)
 Address 1515 Lafayette Date signed 1/6/45

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 Harry J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 732 Kemper

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.