

S. No. 2  
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7. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
FILED DEC 7 1945 STANDARD CERTIFICATE OF DEATH

State File No. 35573

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10223

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis  
(c) Name of hospital or institution: Missouri Baptist Hospital  
(d) Length of stay: In hospital or institution  
In this community...

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri  
(b) County  
(c) City or town St. Louis  
(d) Street No. Claridge Hotel  
(e) Citizen of foreign country?

3. (a) PRINT FULL NAME Daniel 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  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased November 12, 1870

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 26 year 1945 hour 10 minute 15 A.M.  
21. I hereby certify that I attended the deceased from Nov. 18 to Nov. 26, 1945  
that I last saw him alive on Nov. 25, 1945 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 0 Days 14 If less than one day hr. min.

Immediate cause of death: Broncho pneumonia 4 days  
Due to

9. Birthplace St. Louis, Missouri  
10. Usual occupation Retired 10 Years Oil Company  
11. Industry or business

Other conditions: apoplexy 8 days  
Due to

MOTHER FATHER  
12. Name Patrick Mc Carthy  
13. Birthplace Ireland  
14. Maiden name  
15. Birthplace Ireland

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. J. J. McCarthy  
(b) Address 3618 Lafayette Ave.  
17. (a) Burial (b) Date thereof 11/27/45  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 S. Grand Blvd.  
19. (a) NOV 26 1945 J. F. Brudeck (Registrar's signature)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work?  
23. Signature Dr. J. Sievers (M. D. or other) Date signed 11/27/45  
Address 634 N. Grand Ave

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

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**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. Wm. Binkley*.....

Licensed Embalmer No. *3653*.....

P. O. Address *St. Louis, Mo.*.....

**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.**