

S. No. 2
M-543
v. 5-17-39
p. 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39477
Registrar's No. 11341

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5/24/45 to 12/14/45 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel Wm C Carthy
(b) If veteran, name war None
(c) Social Security No. None
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 4th 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 14 year 1945 hour 8 minute 25 A.M.
21. I hereby certify that I attended the deceased from 10/19/45 to Dec. 14, 1945
that I last saw him alive on Dec. 13, 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 4 Days 10 If less than one day hr. min.

Immediate cause of death Myocardial failure - Chr.
Due to Bronchopneumonia Duration 7 days
Due to _____

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

Other conditions Generalized arterio-sclerosis (Include pregnancy within 3 months of death)
Major findings: 107
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Joseph Mc Carthy
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Ann P.
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant City Indiv. Records
(b) Address 5800 Arsenal St.
17. (a) Burial (b) Date thereof 12-15-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Geo. L. Pleitach, Inc.
(b) Address 5966-68 Casson Avenue
19. (a) DEC 15 1945 (Date received local registrar) (b) J. F. Bredet (Registrar's signature)

While at work? (Specify type of place) _____ (c) Means of injury _____
23. Signature John E. Kelly (M. D. or other) M.D.
Address 5600 Arsenal Date signed 12/14/45

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 Clement McQuay

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.