. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29816

Registration District No. 311

Primary Registration District No. 2002

Registrar's No. 1617

96
3
5

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 718 Limit Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 718 Limit Ave. 5
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Bessie McCarthy
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Fem.
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William McCarthy
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased January 18, 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	6	8	..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business .....
FATHER
12. Name Paul Weinstein
13. Birthplace ..... (City, town, or county) Austria 4 (State or foreign country)
MOTHER
14. Maiden name Pauline Washauer
15. Birthplace ..... (City, town, or county) Austria 4 (State or foreign country)
16. (a) Informant Mrs. Blanche Levy
(b) Address 718 Limit Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Herman Rindstop
(b) Address 5216 Delmar Blvd.
19. (a) 7-31-47 (Date received local registrar) (b) Cecil A. Z. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1947 hour 4 minute 20 P.M.
21. I hereby certify that I attended the deceased from ....., 1934 to July 26, 1947;
that I last saw her alive on July 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	1 hour
Hypertensive cardiovascular	13 yrs +
Due to Arteriosclerosis	13 yrs +
Organic rheumatic mitral	
Due to regulation	13 yrs +
Other conditions Healed pulmonary tuberculosis. Diverticulosis	?
(Include pregnancy within 3 months of death)	
Major findings: Of operations colon.) none	
Of autopsy None. 13 b	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature J. Frederick Clark (M. D. or other) M.D.
Address 864 Hamilton Blvd. Date signed 7-28-47
St Louis 12, Mo

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1948

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 Ketter.....

Licensed Embalmer No.....3880.....

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.