S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948
Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42906
Primary Registration District No. 1003
Registrar's No. 11988

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3633 Folsom (If rural, give location) 4
(e) Citizen of foreign country? (Yes or No) 17 0
If yes, name country

3. (a) PRINT FULL NAME James P. Carmody
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Catherine Carmody
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased June (Month) 18th. (Day) 1903 (Year)

8. AGE: Years 44 Months 6 Days II If less than one day hr. min.
9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Salesman - President
11. Industry or business Am. Cigarette Vending Machine Co.
FATHER
12. Name Thomas J. Carmody
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Ellen Delaney
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs. Catherine Carmody - Wife.
(b) Address 3633 Folsom Ave.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Brothers.
(b) Address 2814 North Euclid Ave.
19. (a) DEC 30 1947 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 29th year 1947 hour 3:15 A.M. minute M.
21. I hereby certify that I attended the deceased from June 5th 1944 to Dec. 29 1947 that I last saw him alive on Dec 29 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	7 Hrs.
Due to	
Due to Coronary Arteriosclerosis	7 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of which death should 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? (Specify type of place) 0
While at work? (Means of injury)
23. Signature Dr. Leo. Gottlieb (M. D.)
Address 607 N. Grand Date signed 12-30-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Leo Gottleib
Barnes Hosp.

11 - 2 - [illegible]

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.