

No. 2
-1/47
5:17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 22 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

43273
State File No. 11426
Registrar's No. 1003

Primary Registration District No. 1003

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

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..... **City Infy Hospital**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution..... **3-30-40 to 12-12-47**
(Specify whether
In this community.....
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) 0
If yes, name country.....

3. (a) PRINT FULL NAME..... **Anna M E Carthy**
3. (b) If veteran, name war.....
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **Nov 12** day **12**
year..... **1947** hour..... **10** minute..... **55 A.M.**
21. I hereby certify that I attended the deceased from **1-1-47**
to..... **12-12-1947**
that I last saw h..... **er** alive on..... **12-12-1947**
and that death occurred on the date and hour stated above.

4. Sex..... **F.** / race..... **W.**
5. Color or.....
6. (a) Single, widowed, married; divorced..... **W.**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **March 15 1876**
(Month) (Day) (Year)

Immediate cause of death..... **Glaucoma**
Due to..... **Senility**
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
71 8 27 hr. min.

PHYSICIAN
Major findings:
Of operations.....
Of autopsy..... **None**
Underline the cause of which death should be charged statistically.

9. Birthplace.....
(City, town, or county) (State or foreign country)
10. Usual occupation..... **Housewife**
11. Industry or business..... **John Carrol MO.**
12. Name..... **Anna MO.**
13. Birthplace.....
(City, town, or county) (State or foreign country)
14. Maiden name..... **Anna MO.**
15. Birthplace..... **City Infy. MO. records**
(City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address..... **5800 Arsenal ST.**
17. (a) **1368 1/4 E** (b) Date thereof..... **12/16/1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Sunset Burial Park**
18. (a) Signature of.....
(b) Address..... **620 3/4 W. 11th St. St. Louis**
19. (a) **DEC 15 1947** (b) **J. F. Beard**
(Date received local Registrar) (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?.....
(City or town) (County) (State)
Did injury occur in or about home, on farm, in industrial place, in public place.....
While at work?.....
23. Signature..... **J. F. Beard** (M. D. or other)
Address..... **5800 Arsenal St.** Date signed..... **12-15-47**

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

G. W. Wilkinson

Licensed Embalmer No. 3575

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan
Registrar's No. 11426

Registration District No. 318

Primary Registration District No. 1003

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:

(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)

3. (a) PRINT FULL NAME

Anna Mc Carthy
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 15 1881
(Month) (Day) (Year)

8. AGE: Years 71 Months Days If less than one day
hr. min.

9. Birthplace.....
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace.....
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof.....
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) (Date received local registrar) (b) J.F. Brudack
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Day.....
year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... to..... 19.....
that I had seen.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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)
(e) Means of injury.....

23. Signature..... (M. D. or other)

Address..... Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

J.F. Brudack
JAN 10 1954

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

43273

Hu-6633