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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27953

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 348

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: 4721 Prague Ave.
(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 Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4721 Prague Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN McCARTNEY
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Late Mary A.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 1 (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	5	9	hr. min.

9. Birthplace Florissant (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Business Manager (Retired)
11. Industry or business St. Louis Daily Record
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) U. S. A. (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) U. S. A. (State or foreign country)
16. (a) Informant Joseph R. McCartney
(b) Address 4721 Prague Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) JAN 12 1948 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 10 year 1948 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from Nov 15, 1945 to Jan 10, 1948 that I last saw him alive on Jan 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to Carcinoma of the prostate with generalized metastasis	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations As above
Carcinoma of the prostate
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)
While at work? (e) Means of injury O
23. Signature Robert F Hickey (M. D. or other)
Address 6342 Grand Ave Date signed 1/12/48

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

JAN 29 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 Richard W. Stoessand

Licensed Embalmer No. 4007

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.