FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24497

FILED JUL 22 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6121

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: DePaul Hospital 0
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 342 No. Newstead 9
(If rural, give location) 0

(e) Citizen of foreign country? 19 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LUCY M. McCARTHY

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daniel

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Mar. (Month) 6 (Day) 1888 (Year)

8. AGE: Years 60 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Prince Edward Island, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Alexander MacPherson
13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Brady
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel J. McCarthy
(b) Address 342 No. Newstead

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-48 (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) JUL 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from April 26, 1948 to July 18, 1948, that I last saw her alive on July 7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Bladder Urinary

Due to 52

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations Carcinoma of bladder

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

23. Signature Robert J. Farrell (M. D. or other)

Address 624 N. Union Date signed 7/9/48

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

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

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. Stovesand

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.