

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27577**  
**7563**  
Registrar's No. \_\_\_\_\_

FILED SEP 13 1948  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff  
(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 WILLIAM CAREY

3. (b) If veteran, \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
name war \_\_\_\_\_

4. Sex M. 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased May 15, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 3 10 hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Patrick Carey  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Matson  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Father Lloyd Sullivan  
(b) Address 209 Walnut St.

17. (a) Burial (b) Date thereof 8-30-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Doreilly

(b) Address 3840 Lindell Blvd.

19. (a) AUG 29 1948 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County and  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1112 No. 6th Street  
Memorial (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th  
year 1948 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from 8/21/48  
\_\_\_\_\_, 19\_\_\_\_, to Aug. 25th, 1948  
that I last saw h. im. alive on Aug. 25th, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
with metastasis Duration ?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature W. F. Budeck 08/25/48 (M. B. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**