

No. 300
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5-17-39
P1 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

27974
State File No.
Registrar's No. **7350**

WRITE PLAINLY—USE 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:
4016 Kennerly Ave.
(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 Elizabeth McCarty
3. (b) If veteran, 3. (c) Social Security No.
name war

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased 1880
(Month) (Day) (Year)

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

-9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name James McCarty
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Dont know
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Carroll
(b) Address 7726 Cornell

17. (a) Burial (b) Date thereof 8-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edwin S. Santos
(b) Address 3840 Leffler Blvd.

19. (a) AUG 21 1948 (b) Edwin S. Santos
(Date received local registrar) (Registrar's signature)

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. 4016 Kennerly Ave.
(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 20th
year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 2, 1944, to death, August 20, 1948.
that I last saw him alive on August 20, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Bronchitis
Due to
Due to
Other conditions Chronic Hypertension
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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)
(e) Means of injury

23. Signature Edwin Santos, M.D. (M. D. or other)
Address 5189 Euclid Ave. Date signed 8-21-48

A

Mr. [unclear] (unclear)
5189 Emigitt Ave.
10-12

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. VanMatre

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.