

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(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 Memorial
(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 Nellie McCarthy

3. (b) If veteran, name war No

3. (c) Social Security No. 497-16-1437

4. Sex Female 5. Color or race White

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 November 24 1873
(Month) (Day) (Year)

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

74	8	19	hr. _____ min. _____
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Jewelry Co.

12. Name Charles Mc. Carthy

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

14. Maiden name Margaret Toomey

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

16. (a) Informant Miss Nellie Driscoll

(b) Address 4968 Northland Ave.

17. (a) Burial (b) Date thereof 8-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Cullinane Bros.

18. (a) Signature of funeral director 3320 N. Kingshighway Blvd.

(b) Address _____

19. (a) AUG 14 1948 (b) J. Bulech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

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

(d) Street No. 4485 Forest Park Blvd.
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th
year 1948 hour 10 minute 25 A.M.

21. I hereby certify that I attended the deceased from 7-19-48
19____ to 8-13-48 19____

that I last saw or alive on 8-13-48 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Acute (Coronary) Myocardial Infarction
Cardiac

Due to Arteriosclerosis

Due to Senile psychosis with cerebral arteriosclerosis

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

Major findings: _____ PHYSICIAN _____

Of operations AS

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 W. J. Arvey M.D. (M. D. or other) _____

Address 1515 Lafayette Avenue Date signed 8-13-48

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.....

Fred Frick

Licensed Embalmer No..... **3186**.....

P. O. Address..... **St. Louis, Mo.**.....

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.