

Registration District No. 318

Primary Registration District No. 1003

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:  
Home for the Aged 3235 N. Florissant Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 M.O.S. 5  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 50  
(c) City or town St. Louis, 0  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. Route 1, Arnold, Mo.  
(If rural, give location) N.R.  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Joseph M. McCarthy

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. 2 divorced Widowed  
6. (b) Name of husband or wife. Clara McCarthy 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased. January 27 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 7 10 ..hr. ....min.

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

10. Usual occupation. Track Foreman Retired 20 yrs.

11. Industry or business.

12. Name Martin McCarthy  
13. Birthplace Oleaha Kansas 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Hill  
15. Birthplace Waterford Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant James M. McCarthy  
(b) Address Route 1, Arnold, Mo.

17. (a) Burial (b) Date thereof Sept. 10, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) SEP 8 1948 (b) J. F. Bueck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7<sup>th</sup>  
year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from July 12, 1948 to Sept 7, 1948  
that I last saw him alive on Sept 7, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic scleropolis  
Chronic Myocarditis  
Gangrene right foot  
Due to.....

Due to.....  
Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None  
(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)  
23. Signature Bernard J. Wolfe (M. D. or other)  
Address 2435 N. Grand Date signed 9-8-48

Duration  
2-7-7  
2-3-7  
2 mo  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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.....

.....  
working under my personal supervision.

Signed.....

*Loron E. Percy*

Licensed Embalmer No. 4094

2842 Meramec St.  
P. O. Address St. Louis, 18, Missouri.

EMBALMER in his OWN HANDWRITING. (Failure to comply with

**Note: The above MUST BE SIGNED BY THE LICENSED**  
the above constitutes grounds for revocation of license.)

bove.

If this body is not embalmed, fact should be so stated at