

No. 300
1-10-47
5-17-39
3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34423

FILED OCT 18 1948

State File No.

Registrar's No. 8668

Registration District No. 318

Primary Registration District No. 1003

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:
Firmin Desloge 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)

3: (a) PRINT FULL NAME Alice A. McCarthy

3. (b) If a veteran, name war ---

3. (c) Social Security No. 488-09-2451

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife.....

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

7. Birth date of deceased..... July 4 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>2</u>	<u>27</u>	hr. min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business American Auto Ins. Co.

MOTHER FATHER

12. Name John McCarthy 4

13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Willman

15. Birthplace Unknown Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret McCarthy

(b) Address 3508 S. Jefferson

17. (a) Burial (b) Date thereof: 10/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Macher-Heldner

(b) Address 3654 Gravois AVE.

19. (a) OCT 5 1948 (b) J. B. Sasser
(Date local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

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

(d) Street No. 1029 Goodfellow 9
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1948 hour 7 minute 50A. M.

21. I hereby certify that I attended the deceased from 7 Sept 48
1 Oct 48 to 1 Oct 48, 19.....
that I last saw him alive on 29 Sept 48, 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor malignant 1 1/2

Duration

Due to.....

Due to.....

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

Major findings:
Of operations Same

Of autopsy Same

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) (e) Means of injury.....

23. Signature Robert M. Sasser (M. D. or other) 30

Address 600 Olive Date signed 10/5/48

8998

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..... *Delis J. Krupin*

Licensed Embalmer No..... *3497*

P. O. Address..... *3634 Gravois*

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.