

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10946

96
9000

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>481</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		119		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>6245 Westminster Place</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis Merryl</u> b. (Middle) <u>McCarthy</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27, 1949</u>					
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>		8. DATE OF BIRTH <u>July 17, 1897</u>	9. AGE (In years last birthday) <u>51</u>	10. MONTHS <u>7</u>	11. DAYS <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Building Contractor</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Michigan</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Timothy McCarthy</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Denavon</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude McCarthy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World # 1</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Gertrude McCarthy, 6245 Westminster Pl.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES <u>Paralytic ileus</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Cancer of urinary bladder</u> DUE TO (b) _____ DUE TO (c) _____ <u>181*</u>					MEDICAL CERTIFICATION <u>Westminster Pl.</u>	INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION <u>2/18/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of urinary bladder</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____						
22. I hereby certify that I attended the deceased from <u>2-8</u> , 19 <u>49</u> , to <u>2-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-27</u> , 19 <u>49</u> , and that death occurred at <u>4:45</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Louis N. Beard, M.D.</u>				23b. ADDRESS <u>812 Olive St. St. Louis</u>		23c. DATE SIGNED <u>2/28/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-28-49</u>		REGISTRAR'S SIGNATURE <u>Theresa L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell</u>		ADDRESS <u>3840 Lindell Blvd.</u>		

AUG 5 1949

JUN 3 1949

Handwritten notes on the right margin, including the word "need" and some illegible scribbles.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

W. Van Matre

Signed _____
Student Embalmer

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.