

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 17472
4085

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|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u> | | c. LENGTH OF STAY (In this place) <u>()</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>J. DEHAUL HOSPITAL</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3614 a NORTH TAYLOR</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> | | b. (Middle) <u>W.</u> | | c. (Last) <u>MC CARTHY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 6 1949</u> | |
| 5. SEX <u>MALE</u> <u>()</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> <u>()</u> | | 8. DATE OF BIRTH <u>JAN. 12, 1866</u> | |
| 9. AGE (In years last birthday) <u>83</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED CABINET MAKER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>WASHINGTON D. C.</u> <u>()</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>PATRICK MCCARTHY</u> | | 13b. MOTHER'S MAIDEN NAME <u>CATHERINE MULVIHILL</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CATHERINE W. ASINGER 3102 ROLLA PLACE</u> | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of liver</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u> <u>7 wks.</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of liver</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>408</u> | | | |
| 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? <u>156a</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>May 19</u> , 19 <u>49</u> , to <u>May 6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 6</u> , 19 <u>49</u> , and that death occurred at <u>10:20 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Arthur Snelover</u> | | | | 23b. ADDRESS <u>2202 University St.</u> | | 23c. DATE SIGNED <u>5/6/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>5/9/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>AY 6 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Pasater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Allen Davis

Licensed Embalmer No. *4053*

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.