

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10371
State File No.
2768
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis, Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2209 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | d. STREET ADDRESS (If rural, give location) 1822 N. Leffingwell Ave., | |

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|---|-------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY | b. (Middle) | c. (Last) MCCARTHY | 4. DATE OF DEATH (Month) (Day) (Year) MAR. 23 1951 |
|---|-------------|---------------------------|--|

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|----------------------|-------------------------------|---|-------------------------------------|---|--------------------------|------------------------|-------------------------|------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH May 7, 1883 | 9. AGE (In years last birthday) 67 | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 YEAR Hours | # UNDER 1 YEAR Min. |
|----------------------|-------------------------------|---|-------------------------------------|---|--------------------------|------------------------|-------------------------|------------------------|

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|--|-----------------------------------|---|------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0 | 12. CITIZEN OF WHAT COUNTRY? |
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|--|--|-----------------------------|
| 13a. FATHER'S NAME Daniel Mc.Carthy | 13b. MOTHER'S MAIDEN NAME Sarah Mc. Mahon | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 489-09-5489 | 17. INFORMANT'S SIGNATURE OR NAME Sarah Mc.Carthy | ADDRESS 1822 N. Leffingwell |
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| 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach | | |
| | -- ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 151A |
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22. I hereby certify that I attended the deceased from 2-18-51, 19 , to 3-23-51 19 , that I last saw the deceased alive on 3-23-51, 19 , and that death occurred at 8 P m., from the causes and on the date stated above.

| | | | |
|--------------------------------------|-------------------|---|---------------------------------|
| 23a. SIGNATURE F. J. Catalano | (Degree or title) | 23b. ADDRESS 1515 Lafayette Avenue | 23c. DATE SIGNED 3-24-51 |
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|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-26-1951 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. MAR 25 1951 | REGISTRAR'S SIGNATURE J. B. Lasater | 25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros. | ADDRESS 3320 N. Kingshighway |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 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.