No. 300
10.48

O.K. by Coroner by Phone
E. E. Kemain
FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21078

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 117

923
1

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

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles
c. LENGTH OF STAY (In this place) 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 733 North Third Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles 0923
d. STREET ADDRESS (If rural, give location) 733 North Third Street

3. NAME OF DECEASED (Type or Print)
a. (First) Robert b. (Middle) Luther c. (Last) McCarty

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1951

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH June 25, 1876
9. AGE (In years last birthday) 74 Months 11 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier(retired)
10b. KIND OF BUSINESS OR INDUSTRY from train to Post Office
11. BIRTHPLACE (State or foreign country) Big Springs, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Singy Singleton
13b. MOTHER'S MAIDEN NAME Sarah Ellis
14. NAME OF ~~HUSBAND OR~~ WIFE Clara(Stiegman)McCarty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NIL
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME Marvin McCarty(son) ADDRESS Webster Groves, Mo.

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) Right Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-nephritis Chr. — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr. Arthritis — 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442X
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/1, 1949, *to* 6/28, 1951, *that I last saw the deceased alive on* 2/2, 1951, *and that death occurred at* 10:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) E. E. Kemain MD
23b. ADDRESS 2901 Big Bend Bl.
23c. DATE SIGNED 6/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE June 21, 1951
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) St. Charles Co., Mo.

DATE REC'D BY LOCAL REG. June 20/51
REGISTRAR'S SIGNATURE Nannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE H. C. Dallmeyer & Sons Co ADDRESS 800 N. 2nd--St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 25 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

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.

Student Embalmer No. .....

Signed Herbert C. Dallmeyer

Signed .....
Student Embalmer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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