

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

24947

State File No. ....

318

1003

6127

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood</u>		4511	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Salem</u> <u>2452 Brentwood Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>E.</u> c. (Last) <u>McCartan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 1951</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 21, 1908</u>		9. AGE (In years last birthday) <u>42</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or retired) <u>Clerk atty</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Damn mgr.</u>		8. BIRTHPLACE (State or foreign country) <u>Tonti, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Charles McCartan Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Elsie Maulding</u>		14. NAME OF HUSBAND OR WIFE <u>Nola</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>305-034822</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Warren McCartan, Gibson City, Ill.</u>			
18. CAUSE OF DEATH (Enter only one cause per location (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Peritonitis</u>		ANTECEDENT CAUSES					?
DUE TO (b) <u>Menstric thrombosis</u>		DUE TO (c) <u>Pyloric appendicitis</u>					?
II. OTHER SIGNIFICANT CONDITIONS		<u>Respiratory Collapse</u>					24 hours
19a. DATE OF OPERATION <u>6-11-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Pyloric appendicitis - peritonitis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		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) <u>5:50 P.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>550, 1</u>					
22. I hereby certify that I attended the deceased from <u>11 June, 1951</u> , to <u>7 July, 1951</u> , that I last saw the deceased alive on <u>7 July, 1951</u> , and that death occurred at <u>4:35 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. McCall, MD.</u> (Degree or title)				23b. ADDRESS <u>Brentwood Mo</u>		23c. DATE SIGNED <u>July 9 '51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Salem, Ill.</u>		
DATE <u>7-8-51</u> BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Luster</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

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

*John J. Haines*

Licensed Embalmer No. *4408*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 24947  
Local Registrar's No. 6127

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me appears \_\_\_\_\_

\_\_\_\_\_, who, upon \_\_\_\_\_ oath, states that the original record of birth  
for Charles E. McCartan died 7-7-1951, 19\_\_\_\_, in the State of  
~~born~~ Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 2 d should read 2452 Salem Road

Instead of \_\_\_\_\_ 2452 Brentwood, Blvd

Item No. 10a should read Atty. Claim Mgr.

Instead of \_\_\_\_\_

Item No. 10b should read Allstates Ins. Co

Instead of \_\_\_\_\_

Item No. 16 should read 305 305-03-1372

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Charles H. Happe Fin Dir  
4800 Washington Relationship.

Present Address.

Subscribed and sworn to before me this 26 day of July, 1951

My Commission expires 3-4-53 Charles Padden Notary Public.