S. No. 300
v. 10.48

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29017

BIRTH NO. 58535-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3070

1. PLACE OF DEATH
a. COUNTY St Louis County ~~St Mary's Hospital~~ 4604
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Hgts
c. LENGTH OF STAY (in this place) 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KIRKWOOD 4663
d. STREET ADDRESS (If rural, give location) 138 HUNTLEIGH DR

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS
b. (Middle) ALAN
c. (Last) McCARTHY

4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 51

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH 8/20/51
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) ST LOUIS CO. MO
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN McCARTHY
13b. MOTHER'S MAIDEN NAME DOROTHY KOESSEL
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) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME John McCarthy - 138 Huntleigh Dr. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus + meningomyelocele

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. 752X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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 8-20, 1951, to 9-5, 1951, that I last saw the deceased alive on 9-5, 1951, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE J C Jaudon (Degree or title) MCC
23b. ADDRESS 7803 Clayton Rd
23c. DATE SIGNED 9-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 9-6-51
24c. NAME OF CEMETERY OR CREMATORY SUNSET CEMETERY
24d. LOCATION (City, town, or county) (State) ST LOUIS MO

DATE REC'D BY LOCAL REG. 9-6-51
REGISTRAR'S SIGNATURE Herbert R Domke
25. FUNERAL DIRECTOR'S SIGNATURE Parker-Aldrich F. Home Web. ADDRESS Groves Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 No Embalming, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves M

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.