

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3430**  
Registrar's No. **0168**

FILED FEB 11 1953

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>7 1/2 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>		4. DATE OF DEATH <b>Jan 5th 1953</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>7319 Flora Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b>		b. (Middle) <b>p.</b>		c. (Last) <b>McCarty</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 5th 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 10th 1885</b>		9. AGE (In years last birthday) <b>67</b>	10. UNDER 1 YEAR Months <b>11</b> Days <b>25</b>	11. UNDER 1 MRS. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At. Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Fulton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Hughes</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Kieth</b>		14. NAME OF HUSBAND OR WIFE <b>Daniel McCarty</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Daniel McCarty</b> ADDRESS <b>7319 Flora Ave Maplewood, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				MEDICAL CERTIFICATION <b>Bovanary thrombosis</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>					
22. I hereby certify that I attended the deceased from <b>1-5 1953</b> to <b>1-5 1953</b> , that I last saw the deceased alive on <b>1-5 1953</b> and that death occurred at <b>7:20 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>J. W. Smith</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>4500 Olive St. St. Louis</b>		23c. DATE SIGNED <b>1-7-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/8/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JAN 7 1953</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. C. Smith</b> ADDRESS <b>7456 Manchester, Maplewood, Mo.</b>			

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

*A. A. Burgess*

Licensed Embalmer No. 4028

P. O. Address Maplewood

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

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