

11923

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2202

Registrar's No. 2202

No. 300
10-48

FILED MAR 18 1953

318

1003

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.

c. LENGTH OF STAY (in this place or township) 5-wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2169

d. STREET ADDRESS (If rural, give location) 16 3630 Utah Place

3. NAME OF DECEASED

a. (First)

Gloria

b. (Middle)

NMN

c. (Last)

McCarthy

4. DATE OF DEATH

(Month)

(Day)

(Year)

2

25

53

5. SEX

F.

6. COLOR OR RACE

W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Nov. 24, 1921

9. AGE (In years last birthday)

31

IF UNDER 1 YEAR

3 0

IF UNDER 24 HRS.

Hour Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13a. FATHER'S NAME

Francis W. Templeman

13b. MOTHER'S MAIDEN NAME

Lucy Greene

14. NAME OF HUSBAND OR WIFE

Mr. John F. McCarthy

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. not known

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. John F. McCarthy, 3630 Utah Place

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)

Carcinoma of thyroid with metastases

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.

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

194X

22. I hereby certify that I attended the deceased from Jan 21, 1953, to Feb 25, 1953, that I last saw the deceased alive on Feb 25, 1953, and that death occurred at 2:30A.M., from the causes and on the date stated above.

23a. SIGNATURE

H. Bradley

(Degree or title)

M. D.

23b. ADDRESS

BARNES HOSPITAL

23c. DATE SIGNED

2/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE

Feb. 27, 1953

24c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

24d. LOCATION (City, town, or county) (State)

St. Louis, Mo.

DATE REC'D BY LOCAL REG. FEB 26 1953

REGISTRAR'S SIGNATURE

J. Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE

Arthur J. Donnelly 3840 Lindell Blvd.

(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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Handwritten Signature]

Licensed Embalmer No. 4699

P. O. Address [Handwritten Address]

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.