

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37763

FILED NOV 6 - 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2679</u>									
1. PLACE OF DEATH a. COUNTY <u>St. Louis</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) <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wellston</u> <u>1311</u>											
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>D.C.A. St. Louis Co. Hospt</u>				d. STREET ADDRESS (If rural, give location) <u>1110 Delaware Ave.</u>											
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Edgar</u>			b. (Middle) <u>Jim</u>			c. (Last) <u>McCarthy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10/16/1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>2/18/1906</u>			9. AGE (In years less birthday) <u>47</u>		IF UNDER 1 YEAR Months Days		IF UNDER 10 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinest</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>unk</u>				11. BIRTHPLACE (State or foreign country) <u>Jonesboro Ark</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Patrick E. McCarthy</u>				13b. MOTHER'S MAIDEN NAME <u>Unk Barker</u>				14. NAME OF HUSBAND OR WIFE <u>Divorced</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes W.W.# 2</u>				16. SOCIAL SECURITY NO. <u>492 05 9082</u>				17. INFORMANT'S SIGNATURE OR NAME <u>C.J. Woolbright</u>				ADDRESS <u>1110 Delaware</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												INTERVAL BETWEEN ONSET AND DEATH			
MEDICAL CERTIFICATION															
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown natural causes</u>															
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.															
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.															
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) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30P</u> m., from the causes and on the date stated above.															
23a. SIGNATURE <u>A.D. Buchmueller</u> (Degree or title)								23b. ADDRESS				23c. DATE SIGNED <u>10-20-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>				24b. DATE <u>10/18/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Willis Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Jonesboro Ark.</u>					
DATE REC'D BY LOCAL REG. <u>10/17/53</u>				REGISTRAR'S SIGNATURE <u>Hebeed S. Amke MD</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>				ADDRESS <u>1125 Hodiamont Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed

Alfred J. Brediker

Licensed Embalmer No. *2663*

P. O. Address *1125 Hodiann*

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

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