

STANDARD CERTIFICATE OF DEATH

45417

State File No.

FILED JAN 19 1954

318

1003

Registrar's No. 12327

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>Mo.</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>5 Mo. 29 Days</u>		c. CITY OR TOWN <u>St. Louis,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Infirmiry Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>5 410 De Balivere 2059</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) _____ c. (Last) <u>McCarthy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 28 53</u>							
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>March 8 1870</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____	Hours _____	Min. _____
10a. USUAL OCCUPATION (Give kind of work done during part of service, if given if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown West Virginia</u>			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>? Kincaid</u>			13b. MOTHER'S MAIDEN NAME <u>? Swatz</u>			14. NAME OF HUSBAND OR WIFE <u>Edward</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gertrude McCarthy 410 DeBalivere</u>						
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) <u>Generalized Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u> 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4500</u>						
22. I hereby certify that I attended the deceased from <u>June 30</u> , 19 <u>53</u> to <u>Dec. 28</u> , 19 <u>53</u> that I last saw the deceased alive on <u>Dec. 28</u> , 19 <u>53</u> and that death occurred at <u>7:00A.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Georgelher M.D.</u> (Degree or title)				23b. ADDRESS <u>3600 Arsenal</u>			23c. DATE SIGNED <u>12/28/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/31/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>DEC 30 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sullivan's 2849 N. Euclid Ave</u>					

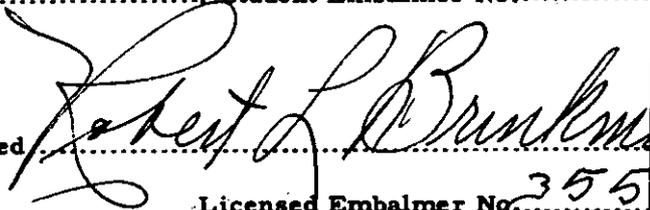
(Licensed Embalmer's Statement on Reverse Side)

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 Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 355

P. O. 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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.