

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12470
Registrar's No. 32

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a: STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - MERAMEC		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary		d. STREET ADDRESS (If rural, give location) 4021 CARSON	

3. NAME OF DECEASED (Type or Print) a. (First) Jeremiah b. (Middle) J. c. (Last) McCarthy			4. DATE OF DEATH (Month) (Day) (Year) APRIL 9 1954		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 4, 1873	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-TILE SETTER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING TRADE		11. BIRTHPLACE (State or foreign country) IRELAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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13a. FATHER'S NAME DANIEL MCCARTHY		13b. MOTHER'S MAIDEN NAME BRIDGET AHERN		14. NAME OF HUSBAND OR WIFE CATHERINE NEWITT	
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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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Bro. Louis J. F. St. Francis Hill Eureka Mo.		ADDRESS	
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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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERALIZED ARTERIO-SCLEROTIC CARDIO-VASCULAR DISEASE					
		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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) D		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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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?	
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22. I hereby certify that I attended the deceased from **3/2, 1952**, to **4/9, 1954**, that I last saw the deceased alive on **4/9, 1954**, and that death occurred at **12:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS NORMANDY 1323 ROLAND DRIVE 21, Mo.		23c. DATE SIGNED 4/9/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) 4/12/54		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem		24d. LOCATION (City, town, or county) (State) St. Louis	
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DATE REC'D BY LOCAL REG. Apr. 17-54		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Allen & Kelley		ADDRESS St. Louis 400 7267 Nat. Bridge	
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED APR 20 1954

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.....

James A. Lammers
Licensed Embalmer No. 4142

P. O. Address St Louis Mo.

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.