

FILED MAY 6 1954

STANDARD CERTIFICATE OF DEATH

State File No. 13761

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3860

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS, MISSOURI township)  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN St. Louis, d. Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 20 2527 W. Dodier 2209

3. NAME OF DECEASED  
a. (First) JOHN b. (Middle) LEO c. (Last) MCCARTHY

4. DATE OF DEATH (Month) (Day) (Year)  
APRIL 26, 1954

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH Apr. 26, 1880

9. AGE (In years last birthday) 74  UNDER 1 YEAR Months  UNDER 1 YEAR Days  UNDER 1 YEAR Hours  Min.

10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Operator

10b. KIND OF BUSINESS OR INDUSTRY Elevator

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Daniel McCarthy

13b. MOTHER'S MAIDEN NAME Bridget McCormick

14. NAME OF HUSBAND OR WIFE Blanche McCarthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. NIL

16. SOCIAL SECURITY NO. 489-12-6950A

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Keevins, 2527 W. Dodier

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) Ca of ESOPHAGUS.  
ANTECEDENT CAUSES  
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 GASTROSTOMY -

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) 150X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 4-15-54, 19, to 4-26-54, 19, that I last saw the deceased alive on 4-26-54 19, and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE Robert W. Pollich (Degree or title) M.D.

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 4-26-54

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

24b. DATE 4-28-54

24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery

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

DATE REC'D BY LOCAL REG. APR 28 1954

REGISTRAR'S SIGNATURE J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.

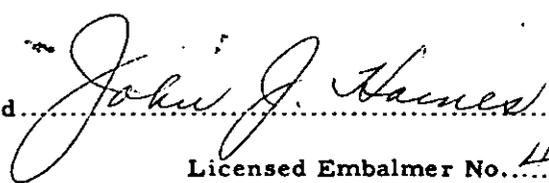
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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. 408

P. O. Address St. Louis

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.