THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24855

FILED JAN 29 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11751

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DE PAUL HOSPITAL — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST. LOUIS
c. CITY OR TOWN: VELDA VILLAGE 4/61 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 6826 LEEDALE — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First JUSTIN Middle I. Last MC CARTY
4. DATE OF DEATH Month Day Year: DEC, 23, 1956
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: SEPT. 12, 1902
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL
11. BIRTHPLACE (City and state or country): CLARK COUNTY, WISCONSIN
12. CITIZEN OF WHAT COUNTRY: U S A
13. FATHER'S NAME: ALMON MC CARTY
14. MOTHER'S MAIDEN NAME: JESSIE BARR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 397-07-7926
17. INFORMANT: MYRTHA MC CARTY Address: 6826 LEEDALE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH: Sept 1955
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Malnutrition-dehydration
DUE TO (c) Malnutrition Dehydration
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 203x
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1952, to 12/23/56 and last saw him alive on 12/22/56
Death occurred at 10 30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] Moore (Degree or title) MD
22b. ADDRESS: 7315 Pasadena Blvd
22c. DATE SIGNED: 12-24-56

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL TRAIN
23b. DATE: 12/25/56
23c. NAME OF CEMETERY OR CREMATORY: GREENWOOD CEMETERY
23d. LOCATION (City, town, or county) (State): GREENWOOD WISCONSIN

24. FUNERAL DIRECTOR: STROOT CARROLL ADDRESS: 4600 NATURAL BRIDGE
25. DATE RECD. BY LOCAL REG.: DEC 24 1956
26. REGISTRAR'S SIGNATURE: [illegible] MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Ruter

Licensed Embalmer No. 48

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.