

FILED MAR 18 1957

STANDARD CERTIFICATE OF DEATH

10657  
STATE FILE NUMBER  
1958

Registration District No. 318 Primary Registration District No. 1003 Registrars' No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5938 Kingsbury Blv		d. 35 yrs 20 5/8	
3. NAME OF DECEASED (Type or print) First JOHN Middle VINCENT Last McCARTY		4. DATE OF DEATH Month 2 Day 25 Year 57	
5. SEX male /	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 19, 1873
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired General Agent		9b. KIND OF BUSINESS OR INDUSTRY N.C. & St. L. RR.	9c. AGE (In years last birthday) 84
10. BIRTHPLACE (City and state or country) St. Louis, Missouri		11. CITIZEN OF WHAT COUNTRY? USA	
12. FATHER'S NAME Patrick McCarty		13. MOTHER'S MAIDEN NAME Bridget Tiernan	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #1		15. SOCIAL SECURITY NO. none	
16. INFORMANT Birdie McCarty - 5938 Kingsbury Blv'd.		Address	
18. CAUSE OF DEATH [Enter only one cause, but line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bronchopneumonia</i> DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN DEATH AND DISCOVERY <i>2 weeks</i> <i>5 yrs</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>450.0</i>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <i>June 56</i> to <i>25 Feb 59</i> and last saw <i>him</i> alive on <i>25 Feb 59</i> Death occurred at <i>2 yrs</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>H. D. ...</i>		22b. ADDRESS <i>6600 Florissant</i>	
22c. DATE SIGNED <i>26 Feb 59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) entombment		23b. DATE 2-27-57	
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR C. R. Lupton & Sons-7233 Delmar Blv'd.		25. DATE RECD. BY LOCAL REG. FEB 26 '57	
26. REGISTRAR'S SIGNATURE <i>J. ...</i>			

*m&b.*

6000 W. Forissant  
EV 3-0127  
HR - 11:30 P.M.

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 *Deanna H. Murr*.....

Licensed Embalmer No. *4011*..

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.