

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026901
State File No.

FILED VS JUL 24 1959

Registrar No. **2 6103**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 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, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place) 6 Days	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) McCarthy		4. DATE OF DEATH (Month) (Day) (Year) June 28, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED NEVER MARRIED	8. DATE OF BIRTH April 12, 1874
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	11. BIRTHPLACE (City and State or Foreign Country) County Cork, Ireland.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cement Finisher		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) County Cork, Ireland.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Timothy McCarthy		13b. MOTHER'S MAIDEN NAME Margaret O'Brien	
14. NAME OF HUSBAND OR WIFE Nil.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes for unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. Nil.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Dowling, 1744 Ohio, Ave. East St. Louis, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Hip		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized Arteriosclerosis	
DUE TO (b) slipped all on about May 23rd, 1959. apparently in fall at fair house at 218 So 4th Street		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 (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 254 Hotel	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 5 23 59 ?	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 904.6. 45	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred 12:55 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John M. Walsh		23b. ADDRESS 1300 Olive	23c. DATE SIGNED 6/29/59
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-30-59	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery	24d. LOCATION (City, town, or county) (State) Belleville, Illinois.
DATE REC'D BY LOCAL REG. JUN 29 1959	REGISTRAR'S SIGNATURE Lois Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nell Walsh Barnes, 1416 St. Louis, East St. Louis, Ill.	

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

26
2584

7m) 13

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.....
No Embalmer
C. Nash Licensed Embalmer No.....

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.