URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-006942

FILED VS FEB 17 1960 / 62 Registration District No. 5594 Primary Registration District No. 5594 Registrar's No. 12

STATE FILE NUMBER

ENDED

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, give TOWNSHIP only) OR TOWN: RURAL - MERAMEC — Length of stay in 1b: 3 MOS. 7 DAYS

c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph's Hill Infirmary — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): ALVERNA HOTEL — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First John — Middle FRANCIS — Last McCARRON

4. DATE OF DEATH: Month FEBRUARY — Day 6 — Year 1960

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/19/1889

9. AGE (last birthday): 70

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED TELEGRAPH OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY: WESTERN UNION

11. BIRTHPLACE (City and state or country): St. Louis Mo

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

13a. FATHER'S NAME: John F. McCARRON

13b. MOTHER'S MAIDEN NAME: VIRGINIA EVERS

14. NAME OF HUSBAND OR WIFE: SINGLE

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.: 489-07-4592

17. INFORMANT: Bro. Roch — Address: St. Joseph's Hill Infirmary

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Acute Depressive psychosis — INTERVAL BETWEEN ONSET AND DEATH: 4 Weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis with CARDIAC CEREBRAL INVOLVEMENT.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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 10/29/59, to 2/6/60 and last saw her/him alive on 2/4/60.

Death occurred at 10:45 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick C. Hogan MD

22b. ADDRESS: 2623 Telegraph Rd Pkwy

22c. DATE SIGNED: 2/8/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Feb.10,1960

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: 2-10-60

26. REGISTRAR'S SIGNATURE: Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

US MAY 26 1960

MAY 11 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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