

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. THIS IS A PERMANENT RECORD

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

91 1. PLACE OF DEATH

County.....

Township.....

City St. Louis

B. 14570

2. FULL NAME

(a) Residence, No. unknown

(Usual place of abode)

Length of residence in city or town where death occurred

**FEB 8 1937**

Registration District No.

Primary Registration District No.

(No. City Hospital No. 1)

E. J. McCarthy

**791**

**1008**

St. X Ward. 9

File No.....

Registered No.....

St. 5 (Ward)

**3915**

**953**

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) unknown

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
about 65

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

FATHER 13. NAME ? unknown 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown? 31

MOTHER 15. MAIDEN NAME unknown 31

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Hosp. Info. M. H. Kent  
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 1-20 1937

19. UNDERTAKER W. Richter  
(ADDRESS) 3500 Rutger St

20. FILER J. Bredeck  
REGISTRAR

**JAN 21 1937**

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/13/37 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/7/37 1937 to 1/13/37 1937.  
I last saw him alive on 1/13/37 1937. Death is said

to have occurred on the date stated above, at 9.30 a. m.  
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Other contributory causes of importance:

acute alcoholism  
senility

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....  
(Signed) Charles M. Jessiman, M. D.  
(Address) City Hospital No. 1

