

REC'D MAR 13 1939

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

4975  
Do not use this space.

1. PLACE OF DEATH

(a) County..... 3 Registration District No.....  
(b) Township..... 1 Primary Registration District No.....  
(c) City..... St. Louis (d) Street No..... En Route to City Hospital #1 St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

John Carey  
(a) Residence, No. 2333 A. Franklin Ave St. 21  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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 72

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer  
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) Missouri

FATHER  
13. NAME John Carey  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER  
15. MAIDEN NAME Mary Haley  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mary Carey 2333 A. Franklin Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE February 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peetz Brothers 3020 Lafayette Ave

20. FILED FEB 21 1939 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

No Physician in attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1939 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:30 A.M.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Haemorrhage (apoplexy)  
Date of onset

Other contributory causes of importance:  
\$20

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? No  
If so, specify.....  
(Signed) Hugh M. ... Deputy Coroner  
(Address) ...

K. 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.

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Francis J. Owen*

Licensed Embalmer No. *2245*

P. O. Address..... *St. Louis, Mo.*

**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 this body is not embalmed, above space should be left blank.**