

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis 1**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **DePaul Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 week**
In this community **Life 60 yrs**
years, months or days

8. (a) PRINT FULL NAME **WILLIAM CARMOODY**

8. (b) If veteran, name war. **NONE** 3. (c) Social Security No. **NONE**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 10th 1869**
(Month) (Day) (Year)

8. AGE: Years **71** Months **03** Days **18** If less than one day hr. _____ min. **5**

9. Birthplace **Ireland** (City, town, or county) (State or foreign country)

10. Usual occupation **Policeman**

11. Industry or business _____

12. Name **Bartholomew Carmody**

13. Birthplace **Ireland** (City, town, or county) (State or foreign country)

14. Maiden name **Johanna O'Leary**

15. Birthplace **Ireland** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs R. Fitzgerald**

(b) Address **5253rd Wacker Ave**

17. (a) **Burial** (b) Date thereof **7-1-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Galvary Cemetery**

18. (a) Signature of funeral director **Sullivan Bros**

(b) Address **2847 No Euclid Ave**

19. (a) **JUN 30 1940** (b) **J. J. Cuddeh**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **City of St. Louis**
(c) City or town **St. Louis 6**
(If outside city or town limits, write "RURAL")
(d) Street No. **5039 Jerry Ave**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **60 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28**
year **1940** hour **2** minute **30 p. M.**

21. I hereby certify that I attended the deceased from **June 28 1940**
and that I last saw him alive on **June 28 1940**

Immediate cause of death **Lympha-sarcoma**
Primary site in lymph nodes
in neck on left side

Due to **52**

Other conditions **Chrom. Arthritis**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work (Specify type of place) (e) Manner of injury _____

23. Signature **Rathursell** (M. D. or other) **6/28/40**
Address **415 Beaumont Bldg** Date signed

Duration **2 yrs**
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

AR
Ralph Kinsella
3720 Washington

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

Albert Mayfield

Licensed Embalmer No.

3077

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.