

FILED JUN 22 1942 **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**275 Plaza Drive** /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community..... **2-years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....  
 (c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No..... **275 Plaza Drive**  
(If rural, give location)  
 (e) Citizen of foreign country?..... **0** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Richard E. McCarty**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No. **337-07-7491**

4. Sex..... **M. D**

5. Color or race..... **W.**

6. (a) Single, widowed, married, divorced..... **M.**

6. (b) Name of husband or wife..... **Lula V. McCarty**

6. (c) Age of husband or wife if alive..... **46** years

7. Birth date of deceased..... **April 2nd., 1882**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>60</b>	<b>2</b>	<b>8</b>	hr. min.

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

10. Usual occupation..... **Telegrapher**

11. Industry or business.....

12. Name..... **Timothy F. McCarty**

13. Birthplace..... **N.Y.** /  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Mary Bover**

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

16. (a) Informant..... **Mrs. Lula V. McCarty**  
 (b) Address..... **275 Plaza Drive**

17. (a) **Burial** (b) Date thereof..... **6-12-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place of burial or cremation..... **Calvary Cemetery.**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**  
 (b) Address..... **3840 Lindell Blvd.**

19. (a) **JUN 11 1942**  
(Date received local registrar) **J. J. Hudock**  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10th.**, year **1942** hour **7** minute **30** p.m.

21. I hereby certify that I attended the deceased from **Feb. 25**, 19**42** to **June 10**, 19**42** that I last saw him alive on **June 10**, 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death..... **Acute Coronary Occlusion (Second attack)**

Due to..... **Arteriosclerosis generalized**

Due to.....

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

Major findings:  
 Of operations.....

Of autopsy.....

Duration **1 day**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) Means of injury.....

23. Signature..... **Edward Massey** (M. D. or other)  
 Address..... **607 N. Grand** Date signed..... **6/11/42**

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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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Linsell

**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, fact should be so stated above.**