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FILED JAN - 5 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10918**

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **10 Days** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No..... **3601 Page ave**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Bernard McCarthy**

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

3. (c) Social Security No..... **None**

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

6. (b) Name of husband or wife..... **Single** 6. (c) Age of husband or wife if alive..... **1886** years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years **56** Months Days If less than one day
hr. min.

9. Birthplace **East St. Louis Illinois**
(City, town or county) (State or foreign country)

10. Usual occupation **Crane man**

11. Industry or business **James McCarthy**

12. Name..... **James McCarthy**

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

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **8118 West A. St Belleville, Ill.**

(b) Address..... **Removal**

17. (a) (b) Date thereof..... **12-28-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt. Carmel Cem. Belleville Ill**

18. (a) Signature of funeral director..... **Albert H. Hoppe Inc.**

(b) Address..... **4700 Washington Blvd.**

19. (a) **DEC 29 1942** (b) **J. J. Busch**
(Date received local health officer's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **December** day..... **25**,
year..... **1942** hour..... **6:00** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **December 16**, 1942, to..... **December 25**, 1942,
that I last saw him alive on..... **December 25**, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Carcinoma of rectum**

Due to..... **H6**

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

Major findings:
Of operations..... **None**

Of autopsy..... **None**

Duration

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) Means of injury.....

23. Signature..... **M. H. Johnson** (M. D. or other)

Address..... **1515 Lafayette Ave.** Date signed..... **12/26/42**

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

MOTHER FATHER

10918
81607

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..... *W. Wilkins*

Licensed Embalmer No..... *3570*

P. O. Address.....

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.