V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 35574

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10485

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: 1224 McCausland Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 417
(If outside city or town limits, write "RURAL")
(d) Street No. 1224 McCausland Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME William H. S. McCarthy

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Julia McCarthy
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec. 8th., 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	11	24	hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Ret. Asst. Post Master
11. Industry or business

FATHER
12. Name Daniel McCarthy
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Millicent Smallwood
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs. Julia McCarthy
(b) Address 1224 McCausland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 5840 Lindell Blvd.
19. (a) DEC 3 1945 (Date received local registrar) (b) DEC 3 1945 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd., year 1945 hour 12 minute 15 a. M.

21. I hereby certify that I attended the deceased from August 1, 1945 to Dec 2, 1945 that I last saw him alive on Dec 1, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 6 months
Due to Arterio-sclerosis — 2
Due to
Other conditions Terminal Bronchial Pneumonia — 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. Louis Schuchat (M. D. or other)
Address 2200 Chouteau ave Date signed 12-3-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. W. Louis Schuchat
2200 Chouteau Ave.

BN 5083

1-5

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 Lindell

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.