No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2349

FILED JAN 30 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 679

WRITE PLAINLY—USING 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: 3741a Lee Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3741a Lee Avenue 9
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME WILLIAM J. CAREY, Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. 490-01-8021

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Theresa M. Carey

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased November (Month) 22, (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	2	0	hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Telegraph Operator

11. Industry or business G. H. Walker Co.

FATHER
12. Name Andrew Carey
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name Catherine Cook
15. Birthplace Cold Springs, (City, town, or county) New York (State or foreign country) 1

16. (a) Informant Mrs. Theresa M. Carey
(b) Address 3741a Lee Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 East Grand Blvd.

19. (a) JAN 23 1948 (Date received local registrar) (b) J. F. Bradach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22d
year 1948 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased from Apr 1936, to Jan 22 1948
that I last saw him alive on Jan 21 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	
Due to Coronary Sclerosis	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death) Arterio Sclerosis	

Major findings:
Of operations 94
Of autopsy no

PHYSICIAN
Underline the cause of 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 0

23. Signature [signature] (M. D. ~~or other~~)
Address Carleton Bldg Date signed 1-22-48

J.A.Seabold

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

J. A. Seabold
Carlton Bldg.
Ga 0070

2 30 - 3 PM.

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.