

FILED JUN 16 1949

STANDARD CERTIFICATE OF DEATH

21373  
State File No. 4961  
Registrar's No.

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a: STATE Missouri b: COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17	
3. NAME OF DECEASED (Type or Print) a. (First) LEO J. b. (Middle) MC c. (Last) CARTHY		4. DATE OF DEATH (Month) (Day) (Year) 6-6-1949	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-10-1888
9. AGE (In years last birthday) 60 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DON MC CARTHY	
13b. MOTHER'S MAIDEN NAME MARY HICKEY		14. NAME OF HUSBAND OR WIFE MARY MC CARTHY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 489-20-2684	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary McCarthy		ADDRESS 3964 Sullivan	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Damage with (b) ventricular extrasystole ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Cardiovascular DUE TO (c) Myocardial Damage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Factory	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Missouri 930		21d. HOW DID INJURY OCCUR? 4321	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 6-6-1949		21f. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from Dec 19 48, to June 6, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Anthony J. Vitale M.D.		23b. ADDRESS 3861 St. Louis Ave	
23c. DATE SIGNED 6/11/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6-9-49	
24c. NAME OF CEMETERY OR CREMATORY Int. Alton Cemetery		24d. LOCATION (City, town, or county) (State) Alton, Illinois	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 7 1949 J.B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Fun. Dir. 2849 N. Euclid Ave	

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

DR. VITALE,  
VANDEVENTER & ST. LOUIS AVE.

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
*Robert L. Brinkman*  
Signed.....  
Licensed Embalmer No. 3523

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.