V.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25690

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BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6876 Registrar's No. 1782

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vet. Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Illinois
b. COUNTY: Saint Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East St. Louis
d. STREET ADDRESS (If rural, give location): 219 Collinsville Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): F.
c. (Last): MC CARTY

4. DATE OF DEATH (Month) (Day) (Year): July 21 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 28, 1888
9. AGE (In years last birthday): 60 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stage hand
10b. KIND OF BUSINESS OR INDUSTRY: Theatre
11. BIRTHPLACE (State or foreign country): East St. Louis, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George T. McCarty
13b. MOTHER'S MAIDEN NAME: Alice Mills
14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Eugene F. Nolan, Registrar, Vet. Adm. Hosp. Jeff. Bks. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: Unk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Esophageal Hemorrhage — 491X

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: -----
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ----
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): -------
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ------- m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: -------

22. *I hereby certify that I attended the deceased from* July 15, 1949, *to* July 21, 1949, *that I last saw the deceased alive on* July 21, 1949, *and that death occurred at* 6:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE L.E. Stilwell (Degree or title): L.E. Stilwell, M.D. Chf. Prof. Services
23b. ADDRESS: Vet. Adm. Hosp. Jeff. Bks. Mo.
23c. DATE SIGNED: 7/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): E ST LOUIS
24b. DATE: 7-22-49
24c. NAME OF CEMETERY OR CREMATORY: Unknown
24d. LOCATION (City, town, or county) (State): East St. Louis, Illinois

DATE REC'D BY LOCAL REG.: 7-22-49
REGISTRAR'S SIGNATURE: Henrietta R Hamke Jr.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Robins Fu. Home, East St. Louis, Ill.

(Licensed Embalmer's Statement on Reverse Side)

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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Frank Prokopf

Licensed Embalmer No. 4256

P. O. Address St Louis Mo

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.