

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35366

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9031**

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) St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		d. STREET ADDRESS (If rural, give location) 5204 Maffitt Avenue					
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN F.		b. (Middle) MC CARTHY			
c. (Last)		4. DATE OF DEATH		(Month) (Day) (Year) 10-19-49			
5. SEX male <input checked="" type="checkbox"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /			
8. DATE OF BIRTH 12-27-1902		9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Months Days Hours Mins. 9 22			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE WORKER		10b. KIND OF BUSINESS OR INDUSTRY AMER. TEL & TEL		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.B.		13a. FATHER'S NAME George Mc Carthy		13b. MOTHER'S MAIDEN NAME Annie Brady			
14. NAME OF HUSBAND OR WIFE Geraldine McCarthy (Moore)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Geraldine McCarthy		ADDRESS 5204 Maffitt					
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension 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.				INTERVAL BETWEEN ONSET AND DEATH 1 Day	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 102			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Oct. 19, 1949, that I last saw the deceased alive on Oct. 18, 1949, and that death occurred at 3:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE D.B. Fagan		(Degree or title) M.D. ()		23b. ADDRESS 539 N. Grand. St. Louis		23c. DATE SIGNED 10/20/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10-22-49		24c. NAME OF CEMETERY OR CREMATORY Int. Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. OCT 20 1949		REGISTRAR'S SIGNATURE J. B. Fagan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Fun. Dir. 2849 N. Euclid Ave			

(Licensed Embalmers' Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert L. Brinkman

Licensed Embalmer No. 3453

P. O. Address St. Louis

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.