3301

# New York State Department of Health
OFFICE OF VITAL STATISTICS

Dist. No. _____ To be inserted by registrar

## CERTIFICATE OF DEATH

Registered No. 1576

1. PLACE OF DEATH: STATE OF NEW YORK
a. COUNTY ONONDAGA
b. TOWN —
c. LENGTH OF STAY IN TOWN, CITY OR VILLAGE 35 yrs.
d. CITY OR VILLAGE SYRACUSE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNIVERSITY Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE NEW YORK b. COUNTY ONON.
c. TOWN —
d. CITY OR VILLAGE SYRACUSE Is residence within its corporate limits? YES ☒ NO ☐
e. STREET ADDRESS 158 OAKLAND STREET

3. NAME OF DECEASED (Type or Print) LOUIS JOSEPH MC CARTHY
4. DATE OF DEATH (Month) AUG. (Day) 7, (Year) 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife ANNA M. BOWMAN
9. DATE OF BIRTH APR. 13, 1888
10. AGE Years 63 Months 3 Days 24 IF UNDER 24 HRS. Hours — Min. —
11. BIRTHPLACE (State or foreign country) BALDWINSVILLE, NEW YORK.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER (RETIRED)
13b. KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED.
14. FATHER'S NAME CORNELIUS MCCARTHY
15. MOTHER'S MAIDEN NAME MARY ANN SMITH
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. SOCIAL SECURITY NO. 134-12-0546
18. INFORMANT'S OWN SIGNATURE William J. McCarthy ADDRESS 158 Oakland St. Syracuse

## MEDICAL CERTIFICATION

### CAUSE OF DEATH

19. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH ?
DUE TO
(B) Arteriosclerotic heart Disease — ?
DUE TO
(C) UNCERTIFIED COPY FOR GENEALOGY PURPOSES ONLY

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

II
OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it. Duodenal ulcer, obstruction — ?

20a. DATE OF OPERATION
20b. MAJOR FINDINGS OF OPERATION
21. AUTOPSY? YES ☐ NO ☒

22a. ACCIDENT, SUICIDE, HOMICIDE (Specify)
22b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
22c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
22d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
22e. INJURY OCCURRED While at Work ☐ Not While at Work ☐
22f. HOW DID INJURY OCCUR?

23. I hereby certify that I attended the deceased from Jan., 1951, to Aug 7, 1951, that I last saw the deceased alive on Aug. 7, 1951, and that death occurred at 11:20 P. m., from the causes and on the date stated above.

24a. SIGNATURE W. P. Rubenstein M. D.
24b. ADDRESS 801 Comstock
24c. DATE SIGNED 8-8 1951

25a. PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Cem. Dewitt
25b. DATE 8-10-1951
26a. UNDERTAKER'S SIGNATURE John L. Butler LICENSE NO. 3734
27. DATE FILED BY LOCAL REG. AUG 9 1951 19
28. REGISTRAR'S SIGNATURE
26b. UNDERTAKER'S ADDRESS 2104 E. Colvin St. Syracuse N.Y.

Burial or Transit } Permit issued by C. A. Sargent M.D. Date of issue AUG 9 1951 19