

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AUG 29 1920

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch (No.)

Registration District No. 118309
Primary Registration District No. 6248 B

File No. 25048
Registered No. 226
St. Ward)

2. FULL NAME Thomas McDermott

(a) Residence. No. 2530 N. Grand St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 1 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 16, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 4 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) R. R.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas McDermott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Worcy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT R. Koch Hospital Records
(Address) Koch Missouri

15. July 4 1928 L. C. Obrock, M. U.
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1928

17. I HEREBY CERTIFY that I attended deceased from May 30th, 1928 July 3, 1928 that I last saw him in July 3, 1928, and that death occurred, on the date stated above, at 12:08 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Pulmonary Tuberculosis

85 About 3 1/2 (duration) yrs. mos. ds.
CONTRIBUTORY Epilepsy & Gastro Intest.
108 Epilepsy 13 yr; G. I. 4 Mo.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Unknown

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Koch & Sputum
(Signed) R. P. Ehrlich, M. D.
(Address) Koch Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salvage Co. DATE OF BURIAL July 6 1928

20. UNDERTAKER W. C. Maydell ADDRESS 1926 Allen Ave.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

