

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

Do not use this space.

19256

UN 23 1929

PLACE OF DEATH

County St. Louis
Township St. Ferdinand
City Kentloch (No. _____)

Registration District No. 784
Primary Registration District No. 6030

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Ellen M. McCormick

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James B. McCormick
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

10. NAME OF FATHER John Walsh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary McNulty
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Mrs. Eleanor C. Jones
(Address) Kentloch Mo.

15. FILED 5-14-1929 O. W. Blum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2. 16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1929
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

92A THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis

CONTRIBUTORY (SECONDARY) Chronic Coronary Arteriosclerosis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St. Elizabeth's Hospital, Kentloch, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) John C. Blum M. D.

5-14-1929 (Address) former 2810 1/2 St. Louis

*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 Calvary DATE OF BURIAL 5-16 1929

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Ward St

exact statement of OCCUPATION is very important.
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1. The first part of the report discusses the general situation of the country and the progress of the work during the year. It also mentions the various projects and the results achieved.

2. The second part of the report deals with the financial aspects of the work, including the budget and the expenditure. It also mentions the sources of income and the financial position of the organization.

3. The third part of the report discusses the personnel and the organization of the work. It mentions the names of the staff members and their duties, and also the various committees and sub-committees.

4. The fourth part of the report discusses the results of the work during the year. It mentions the various projects and the results achieved, and also the progress of the work in general.

5. The fifth part of the report discusses the future work and the plans for the coming year. It mentions the various projects and the results expected, and also the financial and personnel requirements.