

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis, Mo.** No. **250** **Pal. Hospital**

23459

File No.
 Registered No. **6949**
 St. Ward)

2. FULL NAME

John Thomas Mc Cormack
 (a) Residence No. **5119 Wicklow Place** **15** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 1872

7. AGE
 YEARS 56 MONTHS 8 DAYS 12
 If LESS than 1 day, hrs. min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. **Clark**
 (b) General nature of industry, business, or establishment in which employed (or employer). **Railroad**
 (c) Name of employer **Ms. Pac. Railroad**

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

10. NAME OF FATHER John T. McCormack

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

12. MAIDEN NAME OF MOTHER Rose Hayden

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

14. INFORMANT (Address) John A. McCormack 5119 Wicklow Pl.

15. FILED 1923 **Wick Establin** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1929

17. HEREBY CERTIFY, That I attended deceased from June 27 1929 to June 29 1929
 and I last saw him alive on June 29 1929, and that death occurred, on the date stated above, at 10:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
 Acute Cerebral Decomposition 93C
 Apoplexy 0585
 135B
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Ch. Myocarditis
 Hypertension
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No
20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
 (Signed) J. A. Lembeck M. D.
 (Address) 1755 S. Grand

*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 Old St. Marcus
DATE OF BURIAL 7-2 1929

20. UNDERTAKER Wm. Schumacher
ADDRESS 3015 Meramec

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

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.

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