

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

Do not use this space.

**31215**

**1. PLACE OF DEATH**

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **1003**

City **St. Louis**

(No. **1217**, **Euclid Ave**)

File No. ....

Registered No. **L 8811**

St. ....

Ward) .....

**2. FULL NAME**

**Thomas F. Mc Cormick**

(a) Residence. No. ....

St. **17**

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**

**Male**

**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**

**Katherine M. McCormick**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**Feb 20 - 1873**

**7. AGE**

YEARS

MONTHS

DAY

IF LESS than 1 day, ..... hrs. or ..... min.

**57**

**6**

**17**

**8. OCCUPATION OF DECEASED**

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

**Police Officer**

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

**St. Louis**

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

**Wisconsin**

PARENTS

**10. NAME OF FATHER**

**James M. McCormick**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Ireland**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**Unknown**

**14.**

INFORMANT

(Address)

**Katherine M. McCormick  
1217 Euclid Ave**

**15.**

FILED **3** 19**30**

**Max C. Stewart**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

**Sept 6 1930**

**17.**

I HEREBY CERTIFY, That I attended deceased from **July 30**, 19**30**, to **Sept 3**, 19**30**, that I last saw him alive on **Sept 3**, 19**30**, and that death occurred, on the date stated above, at **10:45 P. m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**131  
9.30**

**Myocarditis** (duration) **2** yrs. mos. ds.  
**CONTRIBUTORY (SECONDARY)** **Myocarditis & other**  
**Asphyxiation** (duration) ..... yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **Louis T. Bin**, M. D.

**9/5 1930** (Address) **3148 1/2 Olive St**

\*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**

DATE OF BURIAL

**Valhalla Cemetery**

**9/9 1930**

**20. UNDERTAKER**

ADDRESS

**Arthur J. Donnelly 2039 Wash St**

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.

3 148 Oliva J.

10 am - 12