JUN 6 1936

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

Do not use this space.

21336

791

1003

File No. 5597

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. , Barnes Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME George Anna McCormack

(a) Residence, No. 100 S. 33rd St., St., N.P. Ward. Bellevue 900
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur, Ill.

FATHER

13. NAME John Morehead

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME May Braden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Gerhart Suppiger
(ADDRESS) Belleville, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE East St. Louis, Ill. DATE May 28, 1936

19. UNDERTAKER Bauman
(ADDRESS) East St. Louis, Ill.

20. FILED MAY 27 1936 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-1936

22. I HEREBY CERTIFY, That I attended deceased from 5-19-1936, to 5-26-1936, I last saw h. alive on 5-26-1936. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure.	
Pneumonia, amoebian	
operation for Gallstones	
12 C.	

Other contributory causes of importance:

Vomiting thromboses.

Name of operation Cholecystectomy Date of 5-25-36

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M.D.

(Address)

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.