JUL 27 1936

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

Do not use this space.

24132

1. PLACE OF DEATH
County St. Louis Registration District No. 789
Township ~~Normandy~~ Central Primary Registration District No. 6033
City Normandy (No. Mother of Good Counsel Home St. Ward)

File No.
Registered No. 175

2. FULL NAME Katherine McCormack
(a) Residence, No. 6825 Natural Bridge 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25th 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
61	9	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
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) East St. Louis, Illinois.

FATHER
13. NAME P.K. Mc Cormack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Bridget Malsy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Clarence Hill E. St. Louis, Ills.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 6/16/36, 19

19. UNDERTAKER (ADDRESS) Nell Walsh Barnes E. St. Louis, Ills.

20. FILED 6-15-, 1936 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/13/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from June 5th, 1929 to June 13th, 1936
I last saw her alive on June 12th, 1936 Death is said to have occurred on the date stated above, at 10:15 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr, generalized arteriosclerosis; Chr. hyper tension; cerebral apoplexy 3 strokes. Epilepsy. (Totally helpless. Confined to Home of Incurables since 1929.)	1929.

Other contributory causes of importance:
Myocardial block, Chr. interstitial nephritis, uremia and uremic coma.

Name of operation Date of
What test confirmed diagnosis? cli. Was there an autopsy? no.

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) Luke B. Timmons, M. D.
(Address) 3718 Jennings Rd.
6/13/36

WHITE 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.