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.

JUL 27 1936

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

Do not use this space.

25134

1. PLACE OF DEATH
County St Louis — Registration District No. 1170 — File No.
Township Jefferson — Primary Registration District No. 6248 H — Registered No. 173
City Richmond Heights No. St Marys Hospital St. Ward)

2. FULL NAME Joseph M. McCormack
(a) Residence No. 6050 Pershing St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Mary McCormack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 10 1866

7. AGE: YEARS 69 — MONTHS 8 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Street & Sewer Dept
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): St Louis

FATHER
13. NAME: Michael McCormack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Ann Garry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mary McCormack 6050 Pershing A

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 6-25 1936

19. UNDERTAKER (ADDRESS): Arthur J Donnelly Co 3840 Goodwill Av

20. FILED June 19 1936 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 6 1936, to June 18 1936
I last saw him alive on June 18 1936. Death is said to have occurred on the date stated above, at 8:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Feb 1936
Myocarditis	
93 del	

Other contributory causes of importance:

Influenza	Feb 1936
Artero Sclerosis	—

Name of operation: None Date of
What test confirmed diagnosis: Chuck & Lab 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) Leo Fitz Gerald, M. D.
(Address) 6677 Delmar

6677 Delmar a

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Del Norte ac

Jurs Porter