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.

666

MAR 5 - 1937

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 File No. 8178

Township ..... Primary Registration District No. 1003 Registered No. 1628

City St. Louis (No. 5009 Fairview Ave. St. ..... Ward)

2. FULL NAME Miss Leola McCormick

(a) Residence, No. 5009 Fairview Ave. St., 14 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1899

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
37	2	17	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 4 Yrs. ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo.

FATHER

13. NAME Robert Allen McCormick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlisle Kansas

MOTHER

15. MAIDEN NAME Martha Herndon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stanardsville Virginia

17. INFORMANT (ADDRESS) Mrs. H. P. Herndon 5009 Fairview Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE 2-6 1937

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED FEB 5 - 1937 J. L. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933, to Feb. 4 1937

I last saw her alive on Feb. 4 1937 Death is said to have occurred on the date stated above, at 1:45 A.M.

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

	Date of onset
Chronic Endocarditis	Indefinite
Chronic Myocarditis with angystole	1933
92a	
Other contributory causes of importance:	
General Anasarca	Jan 25 1937
Cardiac hypertrophy	1933

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

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

Accident, suicide, or homicide? No 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? No

If so, specify

(Signed) Francis G. Weivel, M. D.

(Address) 3831 So. Kingshighway

Dr Weiner