

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

32532

Do not use this space.

1. PLACE OF DEATH 4-1937
 (a) County.....
 (b) Township.....
 (c) City St. Louis
 (d) Street No. Christian Hospital
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
 Primary Registration District No. 1003
 Registered No. 8586

2. PRINT FULL NAME Dorothea McCormack
 (a) Residence, No. 5935 Lillian Ave. St. 7
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Alvin McCormack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17th, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 10 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) St. Louis, Mo.

FATHER 13. NAME William Spehr
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Emma Basse
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Alvin McCormack
5935 Lillian Ave.

18. BURIAL, CREMATION, OR REMOVAL Lake Charles Cem. DATE Sept. 15, 1937

19. FUNERAL DIRECTOR (ADDRESS) Wrethmann Funeral
1905 Union Blvd.

20. F SEP 13 1937 J. P. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Bichloride of Mercury Poison, self administered at her home, 5935 Lillian Ave., at about 9:00 P.M., on September 11, 1937

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury 9/11/37
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury See Above
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify.....
 (Signed) Alfred J. Perry M.D.
 (Address) Deputy Coroner

WRITE 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.

STATEMENT BY LICENSED EMBALMER

I, Warren A. Carver, Licensed Embalmer No. 3534

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Warren A. Carver

L. E.

No. 3534 or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed

Warren A. Carver

Licensed Embalmer No. 3534

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)