

31 1939

FEB 7

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

3880  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township \_\_\_\_\_ Primary Registration District No. 111 Registered No. 186  
 (c) City Richmond Heights (d) Street No. St. Mary's Hospital St. \_\_\_\_\_  
 (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John F. McDermott  
 (a) Residence, No. 817 E. Monroe Ave. St.  Kirkwood, Mo.  
 (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 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 Lillian McDermott,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1883-8-7

|        |           |          |           |                                  |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|        | <u>55</u> | <u>5</u> | <u>22</u> |                                  |

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Div. Mgr.  
 9. Industry or business in which work was done, as saw mill, bank, etc. A. T. & T. Co.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Neenah, Wis. (STATE OR COUNTRY)

FATHER  
 13. NAME John McDermott,  
 14. BIRTHPLACE (CITY OR TOWN) Wis. (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Ellen Gardner,  
 16. BIRTHPLACE (CITY OR TOWN) Wis. (STATE OR COUNTRY)

17. INFORMANT Lillian McDermott (ADDRESS) Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE N. Sts. Peter & Paul DATE 2/1/39

19. FUNERAL DIRECTOR Robert J. Ambruster (ADDRESS) Clayton Bldg. at Concordia

20. FILED JAN 31 1939 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939 to January 29, 1939  
 I last saw him alive on January 29, 1939 Death is said to have occurred on the date stated above, at 12 Noon  
 The principal cause of death and related causes of importance were as follows:  
Myocardial infarction  
due to atherosclerosis  
of the coronary arteries  
and  
hypertension  
 Other contributory causes of importance:  
Myocardial infarction for critical period and terminal  
renal and pulmonary  
failure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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) \_\_\_\_\_ M. D.  
 (Address) University Club Bldg.

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.

*Burdened. when*

FEB 26 1957

**STATEMENT BY LICENSED EMBALMER**

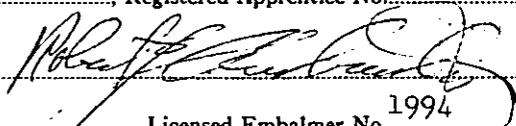
I, Robert J. Ambruster, Licensed Embalmer No. 1994

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed



Licensed Embalmer No. 1994

**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.)**