

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39
1 x 1931

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33479

Registration District No. 7824

Primary Registration District No. 106

Registrar's No. 1684

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Kirkwood
(c) Name of hospital or institution:
77TH AND ARGONNE
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Glendale
(d) Street No. 429 Sappington Rd.
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME Hugh Mc Dermott 236

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margurite Mc Dermott 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Jan 7 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>8</u>	<u>16</u>	_____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis H. Bopp

(b) Address 429 Sappington Rd

17. (a) Burial (b) Date thereof Sept 25-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp

(b) Address 131 W Argonne Dr Kirkwood Mo

19. (a) SEP 25 1939 (b) W R Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23
year 39 hour 5.00 minute P. M.

21. I hereby certify that I attended the deceased from July 24, 1939 Sept 13, 1939
that I last saw him alive on Sept 13, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5 yrs

Due to Chronic myocarditis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 93c
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W R Meyer (M. D. or other) _____
Address 1077 243 St Jefferson Date signed 9-23-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Louis H. Doff, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Louis H. Doff
Licensed Embalmer No. *921*

P. O. Address *Kirkwood*

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.)

If this body is not embalmed, above space should be left blank.