S. No. 2
-11-10-39
5-17-39
I X21492

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

1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9177

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2660

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ~~5808~~ Central Hospital 4518 Washington Bl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Fifteen Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 19
(If outside city or town limits write "RURAL")
(d) Street No. 4324 Delmar Bl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John McDermitt
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Theresa McDermitt
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feby. 9 (Month) (Day) 1855 (Year)

8. AGE: Years	Months	Days	If less than one day
85	1	11	hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Chef
11. Industry or business
FATHER
12. Name McDermitt
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Dr. R. E. Owen
(b) Address 204 University Club Bl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/40 (Month) (Day) (Year)
(c) Place: burial or cremation Bethania Cem.
18. (a) Signature of funeral director Chas. A. Brell
(b) Address 4452 Washington Bl.
19. (a) MAR 21 1940 (Date received local registrar) (b) J. F. Bischoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1940 hour 3 minute 9 M.
21. I hereby certify that I attended the deceased from March 5th, 1940, to Mar. 20, 1940, that I last saw him alive on March 19, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral Hypostatic Pneumonia Broncho	2 day
Due to Bed Confinement	2 wk
Due to	
Other conditions Geo. Arteriosclerosis (Include pregnancy within 3 months of death)	5 yr

Major findings:
Of operations None
Of autopsy

107a

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? —
(Specify type of place)
While at work? — (e) Means of injury —
23. Signature R. E. Owen (M. D. or other)
Address University Club Bldg. Date signed 3/20/40

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John Keller

Licensed Embalmer No. 3880

P. O. Address.....

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

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