

Registration District No. 784Primary Registration District No. 200Registrar's No. 803

## 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Pine Lawn  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Mrs. Millers Convalescent Home 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community Life  
 years, months or days)

3. (a) PRINT FULL NAME Zoe McCourtney 2633. (b) If veteran, name war. No 3. (c) Social Security No. No4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Alfred McCourtney 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years 65 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)10. Usual occupation Housewife 4

11. Industry or business \_\_\_\_\_

12. Name Wm. H. Graham 113. Birthplace Scotland (City, town, or county) (State or foreign country)14. Maiden name Josephine Brumbleau15. Birthplace U. S. A. (City, town, or county) (State or foreign country)16. (a) Informant's own signature CHAS. F. GRAHAM(b) Address 6176 Delmar17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/40 (Month) (Day) (Year)(c) Place: burial or cremation St. Peter's18. (a) Signature of funeral director Alexander & Sons(b) Address 6175 Delmar Blvd19. (a) APR 24 1940 (Date received local register) (b) C. P. Meyer (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Pine Lawn  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3709 Manola  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1940 hour 4 minute 4 M.21. I hereby certify that I attended the deceased from December, 1939, to April 22, 1940 that I last saw her alive on December 22, 1940: and that death occurred on the date and hour stated above.Immediate cause of death Chronic Bronchitis with Pulmonary CongestionDue to Infirmities of age and general weakness, increased  
Due to fracture of hipOther conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)Major findings: Fracture of hip  
Of operations X-ray examination  
Of autopsy NoDuration Fracture when 9 feet knew her  
Hip injury  
Dec. 19 39

## 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? at her home (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 J. Meredith (M. D. or other) 11  
Address 1257 N. Kings Highway Date signed 4-23-40

Dr Maddith  
1259 N. Kingsborough

1-3 PM

18981  
99

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

Albert C White, Registered Apprentice No. 209  
working under my personal supervision.

Signed J W Binkley  
Licensed Embalmer No. 13653  
P. O. Address St Louis Mo

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16092  
Registrar's No. 802

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 784

Primary Registration District No. 200

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town.....  
(c) Name of hospital or institution:  
Mrs. Milless Court Home  
(d) Length of stay: In hospital or institution.....  
In this community.....

3. (a) PRINT FULL NAME

Joe Mc. Conroy

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced.....

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive.....

7. Birth date of deceased.....

8. AGE: Years Months Days If less than one day.....

9. Birthplace.....

10. Usual occupation.....

11. Industry or business.....

MOTHER, FATHER

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof.....

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b).....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....  
(c) City or town.....  
(d) Street No.....  
(e) If foreign born, how long in U. S. A.?.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 22-40  
year..... hour..... minute..... M.....

21. I hereby certify that I attended the deceased from.....  
that I last saw him alive on.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Bronchitis  
& Pul. Congestion

Due to Infirm. of age & genl. weakness in life  
Due to fracture of hip

Other conditions injury from street  
and lapses while treating

Major findings:  
Of operations.....  
Of autopsy none

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) acc. d.

(b) Date of occurrence Dec. 19-40

(c) Where did injury occur? St. Louis, MO

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Convalescent Home  
While at work? no (e) Means of injury Fall

23. Signature J. Meredith (M. D. or other)  
Address 11259 N. Kingshighway Date signed.....

SUPPLEMENTARY

