

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer G Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days 2
 In this community 23 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 22
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2741 Chouteau
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Carrie McCormick 265

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

4. Sex FE/MALE race Col 5. Color or Col 6. (a) Single, widowed, married, divorced DIVORCE

6. (b) Name of husband or wife George McCormick 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased 3 (Month) 30 (Day) 1901 (Year)

8. AGE: Years 37 Months 3 Days 29 If less than one day hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Cypress Blakely

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

14. Maiden name Mary Bates

15. Birthplace Perry County Miss (City, town, or county) (State or foreign country)

16. (a) Informant Mary Johnson (b) Address 2741 Chouteau

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Father's home

18. (a) Signature of funeral director J. F. Bradock

(b) Address 2769 Ash Grove

19. (a) JUL 31 1940 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1940 hour 7:15 minute A M.

21. I hereby certify that I attended the deceased from July 25, 1940 to July 29, 1940; that I last saw her alive on July 29, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis Duration 2-3 yrs

Due to _____

Due to _____

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

Major findings: 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 Edell P. Lutosh (M. D. or other) _____

Address 2601 N Whittier Date signed _____

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

MOTHER FATHER

