

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29755

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1590

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town St. Louis
 (c) Name of hospital or institution: Miller Convalescent Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution about 9 months
 (Specify whether years, months or days) unknown

8. (a) PRINT FULL NAME ALFRED E. McCourtney 21-3
 8. (b) If veteran, name war --- 8. (c) Social Security No. ---

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Zoe 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased June 21, 1866
 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 29 If less than one day --- hr. --- min.

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

10. Usual occupation retired

11. Industry or business carpet cleaning

12. Name John Martin McCourtney
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

14. Maiden name Caroline Cole
 15. Birthplace unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wilma McCourtney
 (b) Address 5144 Page
 17. (a) burial (b) Date thereof 8/21/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peter's Cemetery
 18. (a) Signature of funeral director Alexander [unclear]
 (b) Address 6175 Delmer Blvd.
 19. (a) AUG 20 1940 (b) A. C. Newer M. B. Dr. [unclear]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8149 Gravois
(Miller Convalescent Home)
 (e) If foreign born, how long in U. S. A. --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
 year 1940 hour 9 AM minute --- M.

21. I hereby certify that I attended the deceased from December 18th, 1939, to August 20th, 1940
 that I last saw him alive on August 13th, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death General Exhaustion Duration ---
Due to Paralysis and lack of assimilation
 Due to Paralysis
 Due to [unclear]

Other conditions Lack of assimilation
 (Include pregnancy within 3 months of death)

Major findings: Of operations ---
 Of autopsy No

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

23. Signature J. J. Meredith (M. D. or other) MD
 Address 1209 N. Kingshighway Date signed 8-20-40

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.

1259 Co. Kingdon
Mr. Mendall

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 E. White....., Registered Apprentice No. 209

working under my personal supervision.

Signed Jos. E. McCulloch.....

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.