No. 2
-1-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23697

FILED AUG 28 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6039

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: En route to Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 3 MONTHS 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WELLESTON NR (If outside city or town limits, write "RURAL")
(d) Street No. ST. VINCENTS SANITARIUM (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME REV. JOHN E. McDERMOTT
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased NOVEMBER 1 1913 (Month) (Day) (Year)

8. AGE: Years 27 Months 8 Days 22 If less than one day hr. min.

9. Birthplace MANILLA (City, town, or county) IOWA (State or foreign country)
10. Usual occupation RELIGIOUS
11. Industry or business
MOTHER FATHER
12. Name T. J. McDERMOTT
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name M. BROCKELSBAY
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant Rev. Father Jimmy C.M.I.
(b) Address 1427 S. 9TH ST
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY 24-41 (Month) (Day) (Year)
(c) Place: burial or cremation CHICAGO ILL.
18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1716 N. TAYLOR AVE
19. (a) JUL 24 1941 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1941 hour 1 minute 18 P.M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull
Due to Hemorrhage of Brain, Fractured left leg & Internal injuries, when he was
Due to struck by a Wabash Passenger train operated by Frank Rastaw engineer and Spencer Porter fireman when he was
Due to Confused and slipped in
Other conditions (Include pregnancy within 3 months of death) Boring by a train at Glen
Major findings of operation Dr. Jno. Grant 1:00 P.M. July 23 1941
Of autopsy
DATE

Duration

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) Accident
(b) Date of occurrence July 23 1941
(c) Where did injury occur? Glen Echo Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Train struck by
23. Signature Alfred Berry (M. D. or other)
Address Surgeon General Date signed 7/24/41

(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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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, fact should be so stated above.