

Registration District No. **7042**

Primary Registration District No. **101**

Registrar's No. **206**

1. PLACE OF DEATH:

(a) County **St. Louis**  
 (b) City or town **Clayton**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. Louis County Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **17 days**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Olene McCourt**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **John McCourt** 6. (c) Age of husband or wife if alive **32** years

7. Birth date of deceased **Aug. 1 1913**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>28</b>	<b>5</b>	<b>25</b>	hr. min.

9. Birthplace **Rosebud Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Adolph Pehle**

13. Birthplace **New Haven Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Annie Coulter**

15. Birthplace **Beaumont Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **John McCourt**

(b) Address **4047 Garfield Berkeley City Mo.**

17. (a) **Burial** (b) Date thereof **1-29-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Homerick Park Cemetery**

18. (a) Signature of funeral director **Louis H. Bopp**

(b) Address **31 W. Reynolds Dr. - Kirkwood Mo.**

19. **JAN 27 1942** (b) **E. B. McInerney**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**  
 (c) City or town **Berkely City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4th. & Garfield**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **26**  
 year **1942** hour **3** minute **27** P.M.

21. I hereby certify that I attended the deceased from **1-9-42**  
 to **1-26-42**  
 that I last saw her alive on **1-26-42**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**  
 Due to **Clamptia**

Due to **Pregnancy**  
 Other conditions **12/80**  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
 Of autopsy **Hemorrhage + necrosis of liver + kidneys - central throm**

22. If death was due to external cause, 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 **P. B. Barto** (M. D. or other)  
 Address **4047 Garfield** Date signed

Duration  
**30 hrs.**  
**48 hrs.**

PHYSICIAN

Underline the cause to which death should be charged

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**