

FILED COPY

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 1148

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Station Hospital, Jefferson Barracks, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Ten (10) days
(Specify whether
In this community Three (3) months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wyoming (b) County Opal
(c) City or town Opal
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country XXXXXXXXXXXXXXXXXXXX

3. (a) PRINT FULL NAME

MCCORMICK WILLIAM L.

3. (b) If veteran,

name war XXXXXXXXXX

3. (c) Social Security

No. XXXXXXXX

4. Sex

Male

5. Color or race

White

6. (a) Single, widowed, married,

divorced Single

6. (b) Name of husband or wife

XXXXXXXXXXXX

6. (c) Age of husband or wife if

alive XXXXXXXX years

7. Birth date of deceased

July 13 1919
(Month) (Day) (Year)

8. AGE:

Years 22 Months 10 Days 11
If less than one day XXX hr. XXX min.

9. Birthplace

Lancaster 1 Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation

Truck driver

11. Industry or business

Trucking Concern

MOTHER FATHER { 12. Name

Unknown

13. Birthplace

Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name

Unknown

15. Birthplace

St. Louis
(City, town, or county) (State or foreign country)

16. (a) Informant

Clinical Record, Sgt. Shaw

(b) Address

Jefferson Barracks, Missouri

17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

MAY 27-42
(Month) (Day) (Year)

(c) Place: burial or cremation

NATIONAL CEMETERY

18. (a) Signature of funeral director

C. Hoffmeister

(b) Address

1814 S. 3rd St.

19. (a) MAY 26 1942

(Date received local registrar)

(b)

S. McSwain
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day Twenty-fourth
year 1942 hour 8 minute 42 M.

21. I hereby certify that I attended the deceased from May Fifteenth
(15th) 1942 to May 24th 1942
that I last saw him alive on May 24th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis, acute, suppurative.

2. Appendicitis, acute, hemorrhagic
and suppurative.

3. Cellulitis, acute, non-suppurative
of meso-appendix.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Confirmed above.

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)
Means of injury 0

23. Signature JOSEPH J. MIRA, 1st Lt (M. D. or other) M.D.
Address Jefferson Barracks, Mo. Date signed 5/24/42

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

96
0
0

219-89

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 Louis C. Hoffmeister
Licensed Embalmer No. 3871
P. O. Address 7814 S. Broadway

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.