

Registration District No. 109

Primary Registration District No. 109

Registrar's No. 1771

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Maplewood Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)  
In this community 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7105 South Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME

LILBURN KENNETT MCCORMACK

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 Married

6. (b) Name of husband or wife Mary Stuart McCormack

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 11 (Month)

24 (Day)

1863 (Year)

8. AGE:

Years 78

Months 8

Days 26

If less than one day hr. min.

9. Birthplace

Jefferson County, Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

Ret'd Watchman

11. Industry or business

MOTHER FATHER

12. Name William S. McCormack

13. Birthplace Jefferson County, Missouri

(City, town, or county)

(State or foreign country)

14. Maiden name Josephine Skagg

15. Birthplace Unknown

(City, town, or county)

Illinois  
(State or foreign country)

16. (a) Informant Mrs. Mary S. McCormack

(b) Address 7105 South St.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 8-22-1942

(Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar

19. (a) AUG 22 1942

(Date received local registrar)

(b) C. G. McCarroll

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20  
year 1942 hour 16 minute 45 P.

21. I hereby certify that I attended the deceased from May 25  
1942 to Aug 20 1942  
that I last saw him alive on Aug 17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia

Duration

2 wks

Due to

Chr. nephritis  
arterio Sclerosis

2 yrs  
5 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 C. G. McCarroll (M. D. or other)

Address 420 Metropolitan Bldg. Date signed 8/21/42

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

96  
355

96  
5  
3

101

Dr. E. O. McKenridge  
Metropolitan Bldg - 11 to 12 A.M.

**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 Joseph McCulloch  
Licensed Embalmer No. 2460  
P. O. Address 1175 Dellman

**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.