V. S. No. 2
50M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 4 1943

318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 521

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 874

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: 2627 A CAROLINE ST. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000 12 92

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2627 A CAROLINE ST. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME Sophie McCormick

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANK P. McCORMICK

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased JULY (Month) 12 (Day) 1865 (Year)

8. AGE: Years 77 Months 6 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace SWEDEN (City, town, or county) (State or foreign country) 4

10. Usual occupation HOUSEWORK.

11. Industry or business OWN

MOTHER FATHER

12. Name John PALM.

13. Birthplace SWEDEN (City, town, or county) (State or foreign country) 4

14. Maiden name CAROLINE unknown

15. Birthplace SWEDEN (City, town, or county) (State or foreign country) 4

16. (a) Informant Miss Katherine McCormick

(b) Address 2627 A Caroline St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 28-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schnurr

(b) Address 3125 Lafayette av.

19. (a) JAN 28 1943 (Date received local registrar) (b) J. A. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25 year 1943 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 12-13-39 to 1-25-43, 19 ..., that I last saw her alive on 1-24-43, 19 ..., and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Thrombosis — Duration 1 day

Due to .....

Due to .....

Other conditions Chronic Myocarditis — Duration 4 yrs.
(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? ..... (Specify type of place)

While at work of ..... (e) Means of injury .....

23. Signature D. Ruslan Dahm (M. D. or other)

Address 1402 So Grand Date signed 1-26-43

(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 Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address St Louis Mo

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.