

FILED JUN 9 1943  
Registration District No. 318

Primary Registration District No. \_\_\_\_\_

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:  
6228 Pershing /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 39 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6228 Pershing  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter Edward Mc Court

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb 2nd 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 3 28 hr. \_\_\_\_\_ min.

9. Birthplace Brooklyn New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Asst. Chancellor

11. Industry or business Washington University

12. Name William M. Mc Court

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

14. Maiden name Elizabeth Mc Keam

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

16. (a) Informant Andrew W. Mc Court

(b) Address 6228 Pershing

17. (a) Cremation (b) Date thereof June 1st/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

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

(b) Address 6175 Delmar

19. (a) MAY 1 1943 J. F. Bradach  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 30  
year 1943 hour 1 minute P M.

21. I hereby certify that I attended the deceased from May 1946 to 5-31 1943  
that I last saw him alive on 5-29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 7 days

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Atherosclerosis  
(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 Karl Koenig (M. D. or other) M.D.  
Address 3720 Washington Date signed 5-31-43

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

MOTHER FATHER

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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.....

*Thomas R. Renwick*

Licensed Embalmer No..... *3793*

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.**