V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19819

FILED JUL 13 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 6039

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 725

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 1448a N. 11th. St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Michael J. Mc.Dermott,

3. (b) If veteran, name war No

3. (c) Social Security No. 492-03-8214

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Bridget Gillon

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September (Month) 7 (Day) 1874 (Year)

8. AGE: Years 68 Months 9 Days 23 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Laclede Gas Light Co. 5

FATHER
12. Name Roger Mc.Dermott
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Cullinan
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Bridget Mc. Dermott

(b) Address 1448a N.11th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- 3- 43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) JUL 2 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1943 hour 5 minute 35a M.

21. I hereby certify that I attended the deceased from April 12, 1943, to June 30, 1943; that I last saw him alive on June 29, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General carcinoma of abdominal contents - Liver	?
Due to Stomach, large and small intestines filled	First symptom he saw
Due to mil carcinoma Primary site un-	were 3 weeks ago
Other conditions None Known (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma as above described

Of autopsy None made

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? (e) Means of injury —

23. Signature R. Emmet Kane (M. D. or other)

Address 1117 N Grand Date signed July 1/43

(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 Fred Frick

Licensed Embalmer No. 3186

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.