

FILED JAN 3 1943
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
 (a) County..... St. Louis
 (b) City or town..... St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 Little Sisters of Poor 5
 3225 N. Florissant Ave.
 (d) Length of stay: In hospital or institution..... 6 yrs.
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME John McCormack
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex M. 5. Color or race W.
 6. (a) Single, widowed, married, divorced S.
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Aug. 15th., 1873
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 70 4 7 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER

12. Name Timothy McCormack
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Baker
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Sister Jeane
 (b) Address 3225 N. Florissant Ave.

17. (a) Burial (b) Date thereof 12-23-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Honnelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 23 1943 J. B. Braddock
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis 12 90
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3225 N. Florissant Ave.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22nd.;
 year 1943 hour 1? minute 8. M.

21. I hereby certify that I attended the deceased from Jan. 11, 1943, to Dec. 22, 1943
 that I last saw him alive on Dec 21, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
 Duration 33'

Due to.....
 Due to.....

Other conditions Acute upper respiratory infection 7 days
 (Include pregnancy within 3 months of death)

Major findings: Of operations None
 Of autopsy None
 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) None
 (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) (Specify type of place)
 (2) Method of injury
 23. Signature Donald A. Potter (M. D. author)
 Address 2307 Sakerby Date signed 12-23-43

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Rindell

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.