

FILED FEB 24 1945

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:
Des Loge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Theresa Christine McCormick

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

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Jesse W. McCormick
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased February 4, 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months - Days 6
If less than one day hr. _____ min. 0

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

10. Usual occupation Housewife

11. Industry or business At home

12. Name August Ferdinand Albrecht

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

14. Maiden name Lena Sopp

15. Birthplace Washington, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse W. McCormick
(b) Address 3639 Rutger Street,

17. (a) Burial (b) Date thereof 2/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia lane

19. (a) **FEB 12 1945** (b) J. Bredek
(Date received local registrar) (Registrar's signature)

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. 3639 Rutger St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10
year 1945 hour 2 minute 40 P. A. M.

21. I hereby certify that I attended the deceased from 2/2/45, 19____ to 2/10/45, 19____
that I last saw her alive on 2/10/45, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Gall Bladder (Abscess)

Due to Chronic Cholecystitis

Due to Chronic Cholelithiasis

Other conditions Chr. Pancreatitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Confirmed diagnosis

Duration several years.

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) (c) Means of injury _____

23. Signature M. B. Kemmerich (M. D. REGISTRY)
Address 4030 Chouteau Ave. Date signed 2/12/45

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

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 *Edward J. Rockford*

Licensed Embalmer No. *2502*

P. O. Address *Clayton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.