

6645
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
Christian Hospital
(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)

3. (a) PRINT FULL NAME Josephine McDermott

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F / 5. Color or race W

6. (a) Single, widowed, married, divorced S O

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

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

7. Birth date of deceased. Feb 7 1946
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
		<u>2</u>	<u>2</u> hr. <u>30</u> min.

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

10. Usual occupation None

11. Industry or business. None

12. Name Thomas A. McDermott

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

14. Maiden name Audrey Kline

15. Birthplace Festus Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas A. McDermott

(b) Address 3505a Halliday

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/46
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Crowder and Co.

(b) Address 3710 N. Grand Blvd.

19. (a) FEB 9 1946 (Date received local registrar) (b) J. F. Bredak (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1617

(d) Street No. 3505a Halliday
(If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 19
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
 year 1946 hour 12 minute 50 AM.

21. I hereby certify that I attended the deceased from Feb 7 1946 to Feb 9 1946
 that I last saw him alive on Feb 8 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pneumonia (6 mm.)

Due to.....

Due to.....

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

PHYSICIAN

Major findings:
 Of operations.....

Of autopsy.....

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 W. H. Gost (M. D. or other) hse
 Address 3807 N. Grand Date signed 2/9/46

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.....

No Embalming, Registered Apprentice No.....
working under my personal supervision.

Signed *V E Morris*

Licensed Embalmer No. *3360*

P. O. Address.....

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.