

S. No. 2
M-2-43
5-17-39
P.I. X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18067

State File No. _____

FILED MAY 28 1946

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1110

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3/18/46
(Specify whether years, months or days) 32 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1923 Destrehan Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME McCORMICK, Edward A.

3. (b) If veteran, name war World I 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Lottie McCormick 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased October 17 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 0 If less than one day hr. 6 min.

9. Birthplace Cape Girardeau, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name John McCormick

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

14. Maiden name Bell O'Flaherty

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

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) BURIAL (b) Date thereof MAY 21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister, L.L. Co.
701 S. BROADWAY

(b) Address St. Louis, Missouri

19. (a) 5-22-46 (b) E. J. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1946 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from 3/18/46, 19____, to 5/17/46, 19____; that I last saw him in alive on May 17, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY HEART DISEASE WITH CORONARY OCCLUSION AND MYOCARDIAL DAMAGE, SEVERE Duration UNK

Due to _____

Due to g4a

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: No Operation

Of autopsy Autopsy Performed (see cause of death)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? L. E. Stilwell (Signature of physician) (M. D. or other)

23. Signature L. E. STILWELL, M.D. (M. D. or other) 5/17/46
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed

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

76
50
46

MAY 29 1946

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

Harry J. Schumacher

Licensed Embalmer No. *20793*

P. O. Address

7814 T. Broadway

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.