

FILED MAY 17 1946  
318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 4248

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:  
5142a N. Broadway  
(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 Joseph J. McCormick

3. (b) If veteran, name war World War I  
3. (c) Social Security No. 475-03-2938

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

6. (b) Name of husband or wife Orpha  
6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 18 1893  
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 21  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Minneapolis Minnesota  
(City, town, or county) (State or foreign country)

10. Usual occupation Guard

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Orpha McCormick  
(b) Address 5142a N. Broadway

17. (a) Removal (b) Date thereof 5-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jerseyville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 10 1946 (Date received local registrar)  
J. J. Brodeur (Registrar's signature)

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. 5142a N. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9  
year 1946 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 19 1946 to May 9 1946  
that I last saw him alive on May 9 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitigated carcinoma  
Due to carcinoma of stomach

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Arthur S. Sinsler (M. D. or other) MD  
Address 2202 University Date signed 5/10/46

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

