

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18667

FILED MAY 16 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4058

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:
1232 Blackstone Ave.
(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 Patrick J. McDermott

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Mary McDermott 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased July 20, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 13 hr. min.

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

10. Usual occupation Retired Mat. Man

11. Industry or business Public Service Co.

12. Name John McDermott

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

14. Maiden name Kate McNouthin

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

16. (a) Informant Mrs. Mary McDermott

(b) Address 1232 Blackstone Ave.

17. (a) Burial (b) Date thereof 5-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

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

(b) Address 3840 Lindell Blvd.

19. (a) MAY 1 1946 (b) J. P. Breck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1232 Blackstone Ave.
(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 3rd
year 1946 hour 11:00 minute AM

21. I hereby certify that I attended the deceased from Nov 15th 1941 to May 3rd 1946
that I last saw him alive on April 10th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic heart disease
Due to Arterio-sclerosis
myocardial degeneration
Direct

Other conditions Mitral regurgitation
(Include pregnancy within 3 months of death)

Major findings: Of operations None made

Of autopsy None made

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?

(Specify type of place) (r) Means of injury

23. Signature Joseph Davis (M. D. or other)
Date signed 5-3-46

JUN 10 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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.