S. No. 2
M—8-43
5-17-39
I X37823

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

FILED OCT 28 1946

34809

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 3144

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mother of Good Counsel Home 5 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Brentwood 9 (If outside city or town limits, write "RURAL")

(d) Street No. 2603- Salem Road 1 (If rural, give location)

(e) Citizen of foreign country? October- (Yes or No) 5

If yes, name country

3. (a) PRINT FULL NAME Katherine McSorley

3. (b) If veteran, name war No

3. (c) Social Security No. None.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

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

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

7. Birth date of deceased 9/22/1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	1	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation St Home

11. Industry or business

FATHER
12. Name ? Meldrum
13. Birthplace ? (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name ?
15. Birthplace ? (City, town, or county) 0 (State or foreign country)

16. (a) Informant John J. McSorley 1

(b) Address 2603- Salem Rd. Brentwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Robert J. Ambruster Inc

(b) Address 6633- Clayton Road.

19. (a) 10-25-46 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature) MSR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23Rd year 1946 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb-11th, 1946, 19 6, to 10/22/, 19 46 that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Myo-carditis-Endo-carditis Mitral Insufficiency. Chr- and Generalized Arthritis Deformans-helpless and bedfast.

Due to Sec: Myo-cardial decompensation

Other conditions Died in the Home of The Incurables. 10/23/1946-at (Include pregnancy within 3 months of death)

Major findings:
Of operations 5:00 A.M.
Of autopsy

Duration

92B

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Luke B. Timmons MD (M. D. or other)

Address 3734- Jennings Road Date signed

(Licensed Embalmer's Statement on Reverse Side)

DEC 20 1941

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.....

Licensed Embalmer No. 1994

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.