S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 28 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39918

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10622

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3814 California 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3814 California Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CECILIA McCormick

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stephen

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. (Month) 23 (Day) 1879 (Year)

8. AGE: Years 67 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Heidger
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Notter
15. Birthplace Madonnaville (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Stephen McCormick
(b) Address 3814 California Ave.

17. (a) Removal (Mtr.) (Burial, cremation, or removal) (b) Date thereof 11-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Madonnaville, Ill.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 18 19 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18 year 1947 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct 15, 1947, to Nov 18, 1947, that I last saw her alive on Nov 18, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: General arteriosclerosis & hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chr nephritis	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Samuel Wayne (M. D. or other) me
Address 2906 No. Lincoln Date signed 11/18/47

(Licensed Embalmer's Statement on Reverse Side)

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 Richard W. Stoversand

Licensed Embalmer No. 4007

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.