

S. No. 2  
M-1/47  
v. 5-17-39

#80196  
FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **43276**  
**11732**  
Registrar's No. ....

FILED JAN 9 1948 **318**  
Registration District No. ....

Primary Registration District No. .... **1003**

1. PLACE OF DEATH:  
(a) County..... **St. Louis, Missouri.**  
(b) City or town..... **St. Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution..... **St. Louis City Hospital-Max C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... **St. Louis,** (b) County..... **040**  
(c) City or town..... **Missouri** **17**  
(If outside city or town limits, write "RURAL")  
Street No. **1421 Hogan St.** **9**  
**2/** (If rural, give location)  
(c) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... **NELLIE MCCORMICK**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **single**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... **Nov. 6th 1869**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	<b>78</b>	<b>1</b>	<b>17</b>	.....hr. ....min.

9. Birthplace..... **St. Louis, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **none**

11. Industry or business.....

12. Name..... **Patrick McCormick**

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

14. Maiden name..... **Jane Magowan**

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

16. (a) Informant..... **Mrs. Jane F. Schwenger**  
(b) Address..... **5133 Oriole Ave.**

17. (a) **burial** (b) Date thereof..... **12-26-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **W.A. Stock**  
(b) Address..... **2147 E. Grand Blvd.**

19. (a) **DEC 24 1947** (b) **J. F. Bredner**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... **Dec.** day..... **23rd**  
year..... **1947** hour..... **8** minute..... **30 A.** M.  
21. I hereby certify that I attended the deceased from **12/5/47**  
..... 19..... to..... **Dec. 23rd**..... 19..... **47**;  
that I last saw her..... alive on..... **Dec. 23rd**..... 19..... **47**;  
and that death occurred on the date and hour stated above.

Duration  
Immediate cause of death.....  
**Carcinoma of Rectum**  
Due to.....  
**WITH METASTASES TO**  
Due to.....  
**LIVER, LUNG, and pre-**  
Other conditions:  
**ortic nodes**  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy..... **Same**  
PHYSICIAN  
Underline the cause of 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 transport.....  
23. Signature..... **Joseph P. Ryan M.D.**  
**1515 Lafayette 12/23/47**  
Address..... Date signed.....

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

**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

*William A. Stock*

Licensed Embalmer No.

*3588*

P. O. Address

*St Louis Mo*

**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.