FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

# MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24500

Registrar's No. 6908

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

**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: 3838 St. Louis Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**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. 3838a St. Louis Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME:** Alma Catherine 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: widow

6. (b) Name of husband or wife: Joseph A. McCormick

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

7. Birth date of deceased: Aug. (Month) 2 (Day) 1884 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 64 | 0 | 3 | hr. min. |

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

10. Usual occupation: Home

11. Industry or business

MOTHER FATHER

12. Name: August Buehl

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

14. Maiden name: Augusta Rexhauser

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

16. (a) Informant: Alma McCormick

(b) Address: 3838a St. Louis Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Drehmann-Harral

(b) Address: 1905 Union Blvd.

19. (a) AUG 6 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1948 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from Dec 17, 19 47, to Aug 5, 19 48, that I last saw her alive on Aug 5, 19 48 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pulmonary Tuberculosis | 6 yr |
| Due to: | |
| Due to: | |
| Other conditions: (Include pregnancy within 3 months of death) | |

Major findings:
Of operations:

Of autopsy:

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 injury

23. Signature: E. E. Green (M. D. or other)

Address: 6673 Delmar Date signed 8-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

SEP 8 1948

(10-30-18)

## 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 Warren C. Carver

Licensed Embalmer No. 3534

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.**