DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
73546
FILED AUG 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI.
STANDARD CERTIFICATE OF DEATH

State File No. 24501

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6887

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:
St. Louis City Hospital - Max Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0 0 17
(c) City or town ST. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3004A PARK AV. 0
(If rural, give location)
(e) Citizen of foreign country? 17 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John McCormick

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

4. Sex M. 1 | 5. Color or race W. | 6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife MARY McCormick
6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 13 (Day) 1868 (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug. day 3rd
year 1948 hour 5:55 minute P M.

21. I hereby certify that I attended the deceased from 7-29-48
, 19 , to Aug. 3rd , 1948 ;
that I last saw him alive on Aug. 3rd , 1948 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Thrombosis of Rt Middle Cerebral Artery	4 days
Due to: Arteriosclerosis and	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 79 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace ST. Louis (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation NIL
11. Industry or business

FATHER
12. Name FRANK McCORMICK
13. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ROSE HART
15. Birthplace 3628 IRELAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant Frank McCormick
(b) Address 3628 McDonald av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 6-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY Cemetery

18. (a) Signature of funeral director E. J. Schnurr
(b) Address 3125 Lafayette Av

19. (a) AUG 5 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

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) 0
While at work? (e) Means of injury

23. Signature William M. Landau (M. D. or other)
Address 1515 Lafayette Date signed 8-4-48

(Licensed Embalmer's Statement on Reverse Side)

Landau

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 Joe B Hollmea

Licensed Embalmer No. 4814

P. O. Address 325 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.