

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3065

0818

FILED FEB 14 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

1. PLACE OF DEATH

a. COUNTY

b. CITY OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Mo.

b. COUNTY

c. CITY OR TOWN St. Louis

2119  
2

d. STREET ADDRESS (If rural, give location)

2519 N. Spring Ave.

3. NAME OF DECEASED

(Type or Print)

a. (First) Lawrence

b. (Middle) McCourt

c. (Last)

4. DATE OF DEATH Jan. 25 1952

5. SEX

M

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 4 1881

9. AGE (In years last birthday)

70

IF UNDER 1 YEAR Months Days IF OVER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundry Worker

10b. KIND OF BUSINESS OR INDUSTRY

Cleaning

11. BIRTHPLACE (State or foreign country)

Straitsville Ohio

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

Edward McCourt

13b. MOTHER'S MAIDEN NAME

Catherine Fagan

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

490-26-4074

17. INFORMANT'S SIGNATURE OR NAME

Peter McCourt 2519 N. Spring Ave.

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause, (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Chronic Myocarditis  
Atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

H221

22. I hereby certify that I attended the deceased from 19\_\_\_\_, to 19\_\_\_\_, that I last saw the deceased alive on 19\_\_\_\_, and that death occurred at 4:23 P.M., from the causes and on the date stated above.

23a. SIGNATURE

Joseph Anderson Deputy Registrar

23b. ADDRESS

1300 Clark St. St. Louis, Mo.

23c. DATE SIGNED

1/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

1/28/52

24c. NAME OF CEMETERY OR CREMATORY

Calvary

24d. LOCATION (City, town, or county) (State)

St. Louis, Mo.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

JAN 28 1952

REGISTRAR'S SIGNATURE

Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE

Sullivan Funeral Dir 2849 N. Euclid

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

577

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**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 \_\_\_\_\_

..... Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed Francis Williamson

Licensed Embalmer No. 3565

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.