

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15838

State File No.

FILED JUN 13 1955

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 3394 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY St. Louis	
b. CITY OR TOWN RURAL-MERAMEC		c. CITY OR TOWN KIRKWOOD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 1/2 R 8 MO		e. STREET ADDRESS (If rural, give location) 1245 No. GEYER	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary			
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD		b. (Middle) C.	
c. (Last) MCDERMOTT		4. DATE OF DEATH (Month) (Day) (Year) MAY 28 1955	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 24, 1888
9. AGE (In years last birthday) 66		f. UNDER 1 YEAR Months	g. UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - INSURANCE ADJUSTER - MARYLAND		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE	11. BIRTHPLACE (City and State or Foreign Country) BALTIMORE MD. 1
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME PATRICK MCDERMOTT	
13b. MOTHER'S MAIDEN NAME MARY HELEN CRAWFORD		14. NAME OF HUSBAND OR WIFE ALICE M. RUTTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Bro. Rich. St. Joseph's Hill Inf. Europa
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION ANTECEDENT CAUSES DUE TO (b) PROGRESSIVE MYOLITIS OF SPINAL CORD DUE TO (c) SPINAL CORD II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 343x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9/2, 1950 , to 5/27, 1955 , that I last saw the deceased alive on 5/27, 1955 , and that death occurred at 1:35 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE J. M. Mander		23b. ADDRESS NORMANDY 4323 ROLAND DR. 21, MO.	
23c. DATE SIGNED 5/28/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5/31/55	
24c. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery Baltimore, Maryland		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 6-4-55		REGISTRAR'S SIGNATURE Ruth Jissa 438	
25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger, Kirkwood, Mo.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 9 1955

JUL 9 1955

JUN 13 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William H. Pfitzinger*.....

Licensed Embalmer No. *431*

P. O. Address *Kirkwood, Mo.*

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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