

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 1955

State File No. **38570**
Registrar's No. **10255**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY OR TOWN St Louis	
c. LENGTH OF STAY (In this place) 4 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St John Hospital		e. STREET ADDRESS (If rural, give location) 3220a Cherokee	
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle)	
c. (Last) McCormick		4. DATE OF DEATH (Month) (Day) (Year) Nov 21, 1955	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH July 2, 1886
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Famous Barr Co	11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John M Henne	
13b. MOTHER'S MAIDEN NAME Mary Maue		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) no		16. SOCIAL SECURITY NO. 488-01-4722	
17. INFORMANT'S SIGNATURE OR NAME Amanda Henne		ADDRESS 3220a Cherokee	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 14 days assoc. uremia due to nephrosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic bronchiectasis yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0	
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) (Min.)		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 11-7 , 19 55 , to 11-21 , 19 55 , that I last saw the deceased alive on 11-21 , 19 55 , and that death occurred at 11:00A , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Edm Huggins MD		23b. ADDRESS 734 no. Elvater Bldg.	
23c. DATE SIGNED 11-22-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 11/25/55		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery	
24d. LOCATION (City, town, or county) (State) St Louis County Mo		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	
25. ADDRESS 7027 Gravois		DATE REC'D BY LOCAL REG. NOV 23 1955	
REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	
25. ADDRESS 7027 Gravois		25. ADDRESS 7027 Gravois	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold E. Berry*.....

Licensed Embalmer No. *48*.....

P. O. Address *7027 57*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.