

FILED SEP 7 1956

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

28785

State File No. \_\_\_\_\_  
Registrar's No. 6607

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1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Richmond Heights, 17</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bethesda General Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2020 Del Norte,</b>			
3. NAME OF DECEASED (Type or Print) <b>George</b>		a. (First)		b. (Middle)		c. (Last) <b>McCormick</b>	
4. DATE OF DEATH <b>July 14 1956</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>6-4-1886</b>		9. AGE (In years last birthday) <b>70</b> IF UNDER 1 YEAR Months <b>1</b> Days <b>10</b> IF UNDER 24 HRS. Hours <b>10</b> Mins. _____	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <b>Altoona, Pennsylvania</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>George McCormick</b>			13b. MOTHER'S MAIDEN NAME <b>Annette Elliott</b>			14. NAME OF HUSBAND OR WIFE <b>Wife-Mary</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-07-4414</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary McCormick</b>		ADDRESS <b>above</b>	
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) <b>Acute Bronchial Pneumonia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b>	
		ANTECEDENT CAUSES 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. <b>Fibrosis of the Lungs.</b>				<b>1 year</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>491x</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>7-18, 1955</b> , to <b>7-14, 1956</b> , that I last saw the deceased alive on <b>7-14-56</b> , 19 <b>56</b> , and that death occurred at <b>12:10 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Vincent J. Formanick m8</b>				23b. ADDRESS <b>3101 Sutter Ave Maplewood Mo</b>		23c. DATE SIGNED <b>7-14-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 17-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
DATE REC'D BY LOCAL REG <b>JUL 16 1956</b>		REGISTRAR'S SIGNATURE <b>Carl Smith m8</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Boeker</b>		ADDRESS <b>6536 Clayton Rd</b>	

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

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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.....  
Signature of Student Embalmer

Signed.....  
*Stanley H. Diefen*

Licensed Embalmer No. *4193*

P. O. Address *St Louis*

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

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