

Health, Welfare, Public Service, 300-56, 0, 0-56, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 25 1957

STANDARD CERTIFICATE OF DEATH

64330
STATE FILE NUMBER 767

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

| | | | | | | | |
|---|------------------------|---|---|---|---|--|---|
| 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, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Luthern Hospital | | | Length of stay in lb 11-months | | d. STREET ADDRESS (If outside, give location) 3300 Russell Blvd. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Sophie McCord | | | | 4. DATE OF DEATH Month Day Year Jan. 23, 1957 | | | |
| 5. SEX F. | 6. COLOR OR RACE W. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | | 8. DATE OF BIRTH Oct. 13, 1878 | | 9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days Hours Min. 3 10 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling Secty., Zonta Club | | | 10b. KIND OF BUSINESS OR INDUSTRY Club | | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME James Rhey McCord | | | | 14. MOTHER'S MAIDEN NAME Betty Hauston | | | |
| 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. | | 17. INFORMANT Address Mr. W. J. Blesse, 818 Olive Street | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>cardiac failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>chr. arterio sclerosis</i> DUE TO (c) <i>chronic nephritis</i> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> <i>1 yr</i> <i>1 yr</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>rt hemiplegia old (11 mos)</i> | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>592x</i> | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <i>2/23/56</i> to <i>1/23/57</i> and last saw her alive on <i>1/23/57</i> Death occurred at <i>6:15 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) <i> Eugene Vogel M.D.</i> | | | | 22b. ADDRESS <i> 3325 S Grand</i> | | 22c. DATE SIGNED <i> 1/24/57</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i> Burial</i> | | 23b. DATE <i> Jan. 25, 1957</i> | 23c. NAME OF CEMETERY OR CREMATORY <i> Oak Grove Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i> St. Louis County, Missouri</i> | | |
| 24. FUNERAL DIRECTOR <i> Arthur J. Donnelly</i> ADDRESS <i> 3840 Lindell Blvd.</i> | | | | 25. DATE RECD. BY LOCAL REG. <i> JAN 24 '57</i> | | 26. REGISTRAR'S SIGNATURE <i> Carl Smith MO</i> <i> M.B.</i> | |

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 461

P. O. Address 3840

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.