

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14996

STATE FILE NUMBER

FILED APR 22 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3214

|  |  |   |  |  |  |  |   |
|--|--|---|--|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri,</b> b. COUNTY |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY<br>OR<br>TOWN <b>St. Louis,</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>City Hospital,</b>  |  |   | Length of stay in 1b<br><b>1</b>                             | d. STREET<br>ADDRESS <b>905 Bates St.,</b>   |  |  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Patrick E. McDermott,</b>   |  |   |  | 4. DATE OF DEATH<br><b>April 1, 1957</b>   |  |  |   |
| 5. SEX<br><b>Male,</b>   | 6. COLOR OR RACE<br><b>White,</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>March 1, 1904</b>   |  | 9. AGE (In years last birthday)<br><b>53</b>   | IF UNDER 1 YEAR<br>Month Day Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Polisher</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Fisher Body Co.,</b> | 11. BIRTHPLACE (City and state or country)<br><b>Nebraska,</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.,</b>                                       |   |
| 13. FATHER'S NAME<br><b>Elijah McDermott,</b>  |  |   |  | 14. MOTHER'S MAIDEN NAME<br><b>Emily Dvorak,</b>   |  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br>Address<br><b>Mrs. Virginia A. McDermott, 905 Bates St.,</b>  |  |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage;</b><br><b>Hemorrhagic Brain Stem Necrosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Apparently the result of injuries sustained in an auto accident December 14, 1956 on Gravois Avenue E825.4</b> |  |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| 20a. ACCIDENT <input checked="" 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, item 18.)<br><b>Injuries sustained in an auto accident December 14, 1956 on Gravois Avenue E825.4</b> |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                            |  |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br><b>3 a. m. 12 14 56</b>  |  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><b>38 Street</b>   |  | 20e. CITY, TOWN, OR LOCATION<br>COUNTY STATE<br><b>St. Louis Mo. Co.</b>   |  |  |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>11:30 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |   |  |  |  |  |   |
| 22a. SIGNATURE<br><b>James M Kelly Deputy Coroner</b>  |  |   |  | 22b. ADDRESS<br><b>1300 Clark</b>  |  | 22c. DATE SIGNED<br><b>4-3-57</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)  | 23b. DATE<br><b>4/4/57</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery,</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri,</b>  |  |  |   |
| 24. FUNERAL DIRECTOR<br><b>Gebken-Benz Mortuary,</b>   |  |   | ADDRESS<br><b>2842 Meramec St., St. Louis 18, Mo.</b>        | 25. DATE RECD. BY LOCAL REG.<br><b>APR 3 '57</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith MD</b>                                    |   |

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 \_\_\_\_\_  
*Joe B. Benz*  
Licensed Embalmer No. 4249

2842 Meramec  
P. O. Address St. Louis, Mo.

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.