

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-011965

STATE FILE NUMBER

3670

FILED APR 9 1958

318

1003

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

Health, Welfare, Public Service  
300  
1-56  
All 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

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. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cardinal Glennon</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>257 3988 Walsh St</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>BARBARA</b> Middle <b>ELIZABETH</b> Last <b>McCORMICK</b>			4. DATE OF DEATH Month <b>3</b> Day <b>29</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-17-1953</b>		9. AGE (In years last birthday) <b>4 Years</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Missouri</b>	
13. FATHER'S NAME <b>Ardell R. McCormick</b>			14. MOTHER'S MAIDEN NAME <b>Alice Gaines</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>None</b>		17. INFORMANT Address <b>Ardell R. McCormick 3988 Walsh St</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Complete heart block</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Interventricular Septal Defect - multiple</b>					<b>4 1/2 yrs</b>
DUE TO (c) <b>Congenital heart disease, non-cyanotic</b>					<b>4 1/2 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>PULMONARY HYPERTENSION 754.2</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>1</b>
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.)			
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 <b>3/25/58</b> to <b>3/29/58</b> and last saw her <sup>her</sup> <sub>husband</sub> alive on <b>3/29/58</b> Death occurred at <b>1:10 P. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Carlton Haulon M.D.</b> (Degree or title)			22b. ADDRESS <b>1325 S. GRAND BLVD</b>		22c. DATE SIGNED <b>3/29/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4-1-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Walnut Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Belleville Illinois Ill</b>
24. FUNERAL DIRECTOR <b>Seegarden Bros.</b> ADDRESS <b>6409 Gravois Ave</b>			25. DATE RECD. BY LOCAL REG. <b>APR 1 '58</b>		26. REGISTRAR'S SIGNATURE <b>Carlton Smith M.D.</b> <b>msb</b>

EMBO 1

EMBO 2

EMBO 3

EMBO 4

EMBO 5

EMBO 6

EMBO 7

EMBO 8

EMBO 9

EMBO 10

EMBO 11

EMBO 12

EMBO 13

EMBO 14

EMBO 15

EMBO 16

EMBO 17

EMBO 18

EMBO 19

EMBO 20

EMBO 21

EMBO 22

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 M. Sizemore*

Licensed Embalmer No. *43*

P. O. Address *St. Louis*

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.