

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-006215

FILED VS MAR 9 1961

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 47

AMENDED

DATE AMENDED: 3/20/61
 INSTEAD OF: July 23, 1911
 DOCUMENT: BY AFFIDAVIT OF Funeral Director
 MEDICAL CERTIFICATION
 SHOULD READ: July 22, 1911
 ITEM NO.: 8

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Charles		c. CITY OR TOWN Overland	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Josephs Hospital		d. STREET ADDRESS (If outside, give location) 2317 Hanley Rd	Reside on-Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Theodore Middle C Last McCormick			4. DATE OF DEATH Month 2 Day 24 Year 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/27/1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	9. AGE (last birthday) 49
11. BIRTHPLACE (City and state or country) Belleville, Ill		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William McCormick		13b. MOTHER'S MAIDEN NAME Rose Maxwell	14. NAME OF HUSBAND OR WIFE Gusta McCormick
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Gusta McCormick 2317 Hanley Overland, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction			INTERVAL BETWEEN ONSET AND DEATH ? One week
DUE TO (b) Arteriosclerotic Cardio-Vascular Disease			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 February 19, 1961 to February 24, 1961 and last saw him alive on February 24, 1961 Death occurred at 10:55A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William V. Gearhart, M.D.		22b. ADDRESS St. Louis 14, Mo. 8711 St. Charles Road	22c. DATE SIGNED 2/24/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/27/1961	23c. NAME OF CEMETERY OR CREMATORY Oak Grove	23d. LOCATION (City, town, or county) (State) St Louis County Mo
24. FUNERAL DIRECTOR Ortmann F Home 9222 Lackland Overland Mo		25. DATE RECD. BY LOCAL REG. FEB 25, 1961	26. REGISTRAR'S SIGNATURE Marcella Wilson

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MAR 23 1961

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 Sam Stipanovic

Licensed Embalmer No. 5088

P. O. Address _____

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.