

# MISSOURI STATE BOARD OF HEALTH

Do not use this space.

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

AUG 21 1936

42/5  
5580

27087

**1. PLACE OF DEATH**

County Jefferson Registration District No. 42/5  
 Township Meramec Primary Registration District No. 5580  
 City St. Louis (No.       ,        St.        Ward       )

File No.         
 Registered No. 5

**2. FULL NAME**

John McDermott  
 (a) Residence, No. 5041 Queens Ave. St. Louis, Mo. Ward         
 (Usual place of abode) St. Joseph's Hill Infirmary, Eureka, Mo. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 7 yrs. 7 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> <u>male</u>	<b>4. COLOR OR RACE</b> <u>white</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>widower</u>	
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> <u>Anna McNally</u>			
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>4/1/1856</u>			
<b>7. AGE</b>	<b>YEARS</b> <u>80</u>	<b>MONTHS</b> <u>3</u>	<b>DAYS</b> <u>7</u>
	<b>If LESS than 1 day, hrs. or min.</b>		
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>day laborer</u>		
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>		
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation</b>

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 2 July, 1936

**22. I HEREBY CERTIFY, That I attended deceased from** May 12, 1936, to July 2, 1936  
 I last saw him alive on July 2, 1936. Death is said to have occurred on the date stated above, at 8:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Valvular Heart Disease Chronic Date of onset

**Other contributory causes of importance:**  
920

**Name of operation**        **Date of** 7/10  
**What test confirmed diagnosis?**        **Was there an autopsy?**       

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide?        **Date of injury**       , 19        
 Where did injury occur?        (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.       

**Manner of injury**         
**Nature of injury**       

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify         
 (Signed) Jesse S. Sargent, M. D.  
 (Address) Eureka, Mo.

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** County Tipperary Ireland

**13. NAME** Thomas McDermott

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ireland

**15. MAIDEN NAME** Katherine Carlton

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Ireland

**17. INFORMANT** William McDermott  
5041 Queens Ave, St. Louis, Mo

**18. BURIAL, CREMATION, OR REMOVAL**  
**PLACE** Salvay **DATE** 6 Jul 36

**19. UNDERTAKER** Thos F. Paschedag  
 (ADDRESS) 2835 N. Grand Blvd

**20. FILED** 7/3 1936  
James A. Tomars  
 Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Townsend  
Home Springs