

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.

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital No. 1.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days (Specify whether
 In this community 70 years
 years, months or days)

8. (a) PRINT FULL NAME Georgianna Mc Cormick

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John A. McCormick 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 13 1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Cincinnati Ohio
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Peter Henry

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Emma Stinger

15. Birthplace Cincinnati Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mabel Ewing

(b) Address 3883 Rutger St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-6-40
 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) SEP 5 1940 (Date received local registrar)

MOTHER FATHER

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 18
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3683 Rutger St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4,
 year 1940 hour 2:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from August 29, 1940, to September 4, 1940
 that I last saw h. or alive on September 4, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast metastatic

Due to _____
 Due to arteriosclerosis

Other conditions (include pregnancy within 5 months of death) 50

Major findings: Of operations _____
 Of autopsy As above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature James T. Murphy (M. D. or other) _____
 Address 15150 Lafayette Ave Date signed 9-5-40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

J. W. Binkley

Licensed Embalmer No.

3653

P. O. Address

St. Louis Mo

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 this body is not embalmed, above space should be left blank.