

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3664F**  
Registrar's No. **10313**

FILED REC 3 1943 **318**

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:  
**707 A. Wyoming St**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **0011**  
(c) City or town **St. Louis** **12 J**  
(If outside city or town limits, write "RURAL") **924**  
(d) Street No. **707 A. Wyoming St**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Robert Wayne McCormick**

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 29 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 6 26** hr. min.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_

12. Name **Eugene McCormick**

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

14. Maiden name **Bernice Morris**

15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Bernice McCormick**

(b) Address **707 A. Wyoming St**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 25 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mount Hope Cemetery**

18. (a) Signature of funeral director **Petz Brothers**

(b) Address **3029 Lafayette Ave**

19. (a) **NOV 25 1943** (Date received local registrar) **J. F. Brudack** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **23rd** day **November**  
year **1943** hour **11:20** minute **A.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to **Broncho Pneumonia**

Other conditions **Primary**  
(Include pregnancy within 3 months of death)

Major findings:  Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature **Thomas F. Callahan** (M. D. or other) \_\_\_\_\_

Address **Deputy Coroner** Date signed **11-25-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

*Not Embalmed*  
Signed..... *Frank J. Owens*

Licensed Embalmer No. *2241*

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, fact should be so stated above.**