

S. No. 2
 OM-2-43
 v. 5-17-39
 I X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

5435

FILED MAR 1 1944
 318

State File No. _____
 Registrar's No. 1745

Registration District No. _____ Primary Registration District No. 1003

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

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 Infirmery
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 days
(Specify whether
 In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 17
 (c) City or town St. Louis 9 16
(If outside city or town limits, write "RURAL")
 (d) Street No. 3970 Hartford
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DANIEL MC DERMOTT
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 2 day 21
 year 1944 hour 2:50 minute A.M.
 21. I hereby certify that I attended the deceased from 1-28-44 19____ to 2-21-44 19____
 that I last saw him alive on 2-21-44 19____
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Adele Leonard 6. (c) Age of husband or wife if alive ? years

Immediate cause of death: decompensated myocardial
 Due to: Arteriosclerotic Heart disease
 Due to: _____
 Other conditions: _____
(Include pregnancy within 3 months of death)

7. Birth date of deceased 9-7-13 1871
(Month) (Day) (Year)
 8. AGE: Years 72 Months 5 Days 8 If less than one day hr. _____ min. _____

Major findings: _____
 Of operations: _____
 Of autopsy: none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Manager

11. Industry or business Western Union
 12. Name Michael Mc Dermott
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Devaney
 15. Birthplace Boston Mass.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Windsheimer
 (b) Address 5800 Arsenal St.
 17. (a) Burial (b) Date thereof Feb. 23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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 _____

(c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Weick Bros.
 (b) Address 2201 So. Grand Blvd.
 19. (a) FEB 22 1944 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address 5800 Arsenal St. Date signed 2/21/44

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..... *Nancy A. Stewart*

Licensed Embalmer No. *3722*

P. O. Address..... *412 Duchesne*

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.