

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH21766
State File No.
Registrar's No. 5558

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5558		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2129		
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 903a N. Euclid Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) CLARA			b. (Middle) _____			c. (Last) McDERMOTT		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		4. DATE OF DEATH (Month) (Day) (Year) June 23 1950		
8. DATE OF BIRTH Feb. 4, 1889		9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler-Ritepoint Pencil Co.		11. BIRTHPLACE (State or foreign country) Iron Co. Mo.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler-Ritepoint Pencil Co.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Iron Co. Mo.		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Henry Hartmann			13b. MOTHER'S MAIDEN NAME Anna Backoff			14. NAME OF HUSBAND OR WIFE Late William McDermott		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-14-8414		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Owens ADDRESS 903a N. Euclid Ave.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Cerebral Apoplexy DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:40 A. M. , from the causes and on the date stated above.		
23a. SIGNATURE Patricia E. Taylor (Degree or title) 3rd Counselor			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 6.26.50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 27, 1950		24c. NAME OF CEMETERY OR CREMATORY St. Ferdinands Cem.		24d. LOCATION (City, town, or county) (State) Florissant, Mo.		
DATE REC'D BY LOCAL REG. JUN 26 1950		REGISTRAR'S SIGNATURE J. B. Sabater		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.				

(Licensed Embalmer's Statement on Reverse Side)

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

6-30-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4027

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 this body is not embalmed, fact should be so stated above.