

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24897**
Registrar's No. **6521**

FILED JUL 26 1954

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6521			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 5 months		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Joseph's Motherhouse 6400 Minnesota ave.				• STREET ADDRESS (If rural, give location) 6400 Minnesota ave.				2019	
3. NAME OF DECEASED (Type or Print) a. (First) Sister Mary Eustachia McCormick			b. (Middle) _____			c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) July 15, 1954			5. SEX Female			6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never Married	
8. DATE OF BIRTH Oct. 5, 1875			9. AGE (In years last birthday) 78		10. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) Librarian		10b. KIND OF BUSINESS OR INDUSTRY Sister of St. Joseph Convent		
11. BIRTHPLACE (City and State or Foreign Country) Jefferson, Iowa			12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME William McCormick			
13b. MOTHER'S MAIDEN NAME Catherine Mackin			14. NAME OF HUSBAND OR WIFE _____			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Sister Superior Motherhouse & Novitate			ADDRESS 6400 Minnesota ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio-sclerotic heart disease ANTECEDENT CAUSES DUE TO (b) with Coronary thrombosis DUE TO (c) Bronchial asthma II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 yrs 1 day 2 yrs		
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? 4200							
22. I hereby certify that I attended the deceased from Jan 1954 to July 15, 1954 , that I last saw the deceased alive on July 14, 1954 , and that death occurred at 2:30 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE George E. O'Sullivan, M.D.			23b. ADDRESS 421 W. Schwimer			23c. DATE SIGNED 7-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 17, 1954		24c. NAME OF CEMETERY OR CREMATORY Nazareth Cemetery		24d. LOCATION (City, town, or county) (State) Lemay, Missouri			
DATE REC'D BY LOCAL REG. JUL 16 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U. & L. Co.		ADDRESS 7814 S. Broadway			

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Linus C. Hoffner*.....

Licensed Embalmer No. 3871

P. O. Address 7814 S. B.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.