

FILED JUL 13 1943 18
Registration District No. 18

State File No. _____

Primary Registration District No. 1003

Registrar's No. 6039

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital
(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 St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1448a N. 11th. St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Michael J. Mc.Dermott,

3. (b) If veteran, name war No

3. (c) Social Security No. 492-03-8214

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1943 hour 5 minute 35a M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bridget Gillon

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September 7 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 12, 1943, to June 30, 1943; that I last saw him alive on June 29, 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death: General carcinoma of stomach contents. Local carcinoma of stomach large part small intestines filled with carcinoma

Due to Primary site unknown

Other conditions: None known
(Include pregnancy within 3 months of death)

Duration
<u>2</u>
<u>1 year</u>
<u>3</u>
<u>years</u>

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

10. Usual occupation Laborer

11. Industry or business Laclede Gas Light Co.

12. Name Roger Mc.Dermott

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

14. Maiden name Elizabeth Cullinan

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

16. (a) Informant Mrs. Bridget Mc.Dermott

(b) Address 1448a N. 11th. St.

17. (a) Burial (b) Date thereof 7-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) JUL 2 1943 (b) J.F. Greer
(Date received local registrar) (Registrar's signature)

Major findings: Carcinoma of stomach described

Of operations _____

Of autopsy none made

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 Roumestian (M. D. or other) _____

Address 1417 N. Grand Date signed July 1/43