

SEP 25 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

31819

Township

Primary Registration District No. 60334

File No.

City Clayton

(No. St. Louis County Hospital)

Registered No. 300

St. _____ Ward)

2. FULL NAME NORA L. McCUE

(a) Residence, No. 1724 Beulah Place St. _____ Ward. Richmond Heights, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard McCue

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1937, to 8-30, 1937

I last saw h. & R. alive on 8-30, 1937. Death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31, 1862
7. AGE YEARS 74 MONTHS 11 DAYS 30
If LESS than 1 day, _____ hrs. or _____ min.

Date of onset

Chronic Myocarditis Unknown & Fibrillation Cerebral Embolus

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:

Terminal Bronchopneumonia

12. BIRTHPLACE (CITY OR TOWN) Rolla, Missouri (STATE OR COUNTRY)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

13. NAME John Caray

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

15. MAIDEN NAME Bridget McNearney

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Grace E. McCue daughter (ADDRESS) 1721 Beulah Place R.H.

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Galvary Cemetery DATE Sept. 2, 37

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

19. UNDERTAKER (ADDRESS) Cooper and Co. Inc. 7146 Manchester Ave.

(Signed) [Signature], M. D.

20. FILED 8/31 1937 Dr. J. Squorelli Registrar.

(Address)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION
FATHER
MOTHER

13
15

