

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

Do not use this space.

32367

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo. (No. Barnes Hospital) St. _____ Ward _____

File No. _____
 Registered No. **8421**

2. FULL NAME Robert Elmore McCune

(a) Residence, No. _____ St. NR Ward. Montgomery City, 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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED -

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leola McCune

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-16-'87

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming
 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

12. BIRTHPLACE (CITY OR TOWN) New Florence
 (STATE OR COUNTRY) Missouri

13. NAME Robert L

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

15. MAIDEN NAME Todd

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

17. INFORMANT Mrs. Leola McCune -
 (ADDRESS) Montgomery City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Montgomery City, Mo. DATE Sept. 8th 19 3

19. UNDERTAKER Albert H. Hoppe Inc.,
 (ADDRESS) 429 N. Euclid Avenue

20. FILED _____ 19 SEP 7 1937
J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-19-1937 to 9-6-1937

I last saw h. in alive on 9-6-1937. Death is said to have occurred on the date stated above, at 10:40 p.m.

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

CARDIAC DECOMPENSATION
BRONCHO-PNEUMONIA
PULMONARY INFARCTION, LEFT

Date of onset

Other contributory causes of importance:

PARTIAL CIRRHOSIS

Name of operation _____ Date of _____

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

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.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify no

(Signed) John E. Gipsaick M. D.
 (Address) BARNES HOSPITAL

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

1-1-1937-014

