No. 2
4-13-40
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40659

Registration District No. 791 | Primary Registration District No. | Registrar's No. 10430

1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Masonic Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5351 Delmar Blvd. 12 (If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME LUELLA JAMES McCUE
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Maurice Howard McCue
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased July (Month) 13 (Day), 1856 (Year)

8. AGE: Years 84 | Months 5 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Pittsburg (City, town, or county) Penn. (State or foreign country)
10. Usual occupation Matron
11. Industry or business Masonic Home
MOTHER FATHER
12. Name --- James
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Alene M. Gardner
(b) Address 140 E. 40th St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/20/40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery
18. (a) Signature of funeral director Alexander & Sons Inc.
(b) Address 6175 Delmar Blvd.
19. (a) DEC 19 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th year 1940 hour 5 minute — a M.
21. I hereby certify that I attended the deceased from Feb 26, 1940, to Dec 17, 1940, that I last saw her alive on Dec 17, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	1 yr
Cystitis with Tumor Bladder	1 yr
Due to	
Due to	
Other conditions Hypertension (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

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 C. A. Bonford M.D. (M. D. or other)
Address 958 Arcade Bldg. Date signed 12/19/40.

(Licensed Embalmer's Statement on Reverse Side)

C. E. Burford
Arcade Bldg.
10:00 A. M.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jos E McCullah

Licensed Embalmer No. 2460

P. O. Address 6136 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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