

40202

No. 2
1-2-43
5-17-39
1 X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 12 1948

1003

11984

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County 4010 Russell
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4010 Russell Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 Yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 12
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 4010 Russell
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

McCune, Catherine

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 married

6. (b) Name of husband or wife

James McCune

6. (c) Age of husband or wife if

alive 77 years

7. Birth date of deceased

7

7

1867

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

76

5

24

hr.

min.

9. Birthplace

St. Paul Minn

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housework

11. Industry or business

at Home

MOTHER FATHER { 12. Name

Michael Donnelly

13. Birthplace

Ireland

(City, town, or county)

(State or foreign country)

14. Maiden name

Katherine Claney

15. Birthplace

Ireland

(City, town, or county)

(State or foreign country)

16. (a) Informant

James McCune

(b) Address

4010 Russell Ave

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

1 3 1943

(Month) (Day) (Year)

(c) Place: burial or cremation

C. alvary

18. (a) Signature of funeral director

Kriegshauser Und Co

(b) Address

4228 So. Kinghighway Blvd

19. (a) DEC 31 1943

(Date received local registrar)

J. F. Bueck

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31st
year 1943 hour 7 minute 00 P M.

21. I hereby certify that I attended the deceased from July
1943 to Dec 31 1943

that I last saw her alive on Dec. 31 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Cardiac failure
Myocarditis

Duration

24hr

Due to

Carcinoma of Rectum

6 mo

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

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 D. J. Verdo (M. D. or other) _____

Address Barron & Conert Date signed 1-1-44

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Richard W. Stevens*.....
Licensed Embalmer No..... *4007*.....

P. O. Address.....

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