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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16547

FILED JUN 1 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4831

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution.....
City Infirmery 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5yrs, 11mo, 1day
(Specify whether
In this community Yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000
17

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 9 13

(d) Street No. 5800 Arsenal St.
(If rural, give location)

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

3. (a) PRINT FULL NAME William Mc Cuen.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24.
year 1944 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex Male 5. Color or face White

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
14. 1864 (Day) (Year)

7. Birth date of deceased. August
(Month) (Day) (Year)

that I last saw him alive on May 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive cardiovascular disease Duration

8. AGE: Years Months Days If less than one day

79 9 10 ..hr.min.

Due to pen. arteriosclerosis

Due to.....

9. Birthplace Brownsville, Pa.
(City, town, or county) (State or foreign country)

Other conditions Old hemiplegia
(Include pregnancy within 3 months of death)
blindness from cataracts.

10. Usual occupation None

Major findings:
Of operations.....

11. Industry or business X

Of autopsy none

Underline the cause to which death should be charged statistically.

12. Name John Mc Cuen.

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

14. Maiden name Sara Allen

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

16. (a) Informant Louise Green
(b) Address 5800 Arsenal

17. (a) BURIAL (b) Date thereof. 5-27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director Ray Muller Funeral Home
(b) Address 5041 Delmar Blvd.

19. (a) MAY 26 1944 (Date received local registrar)
J. F. Brudack (Registrar's signature)

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?.....

(Specify type of place) 0
(e) Means of injury.....

23. Signature Donner A. Ametman, M.D. (M. D. or other)
Address 5800 Arsenal St. Date signed 5-24-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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 John Dean Harris, Registered Apprentice No. 363 working under my personal supervision.

Signed John Ketter
Licensed Embalmer No. 3880
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.