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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 14 1944

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 22517

Registrar's No. 1441

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1358 McCutcheon  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 years  
In this community 6 years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Hugh Michael McLigue  
3. (b) If veteran, name war World War 1  
3. (c) Social Security No. 702-14-6738

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Dorothy McLigue  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased October 31st., 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	47	8	3	hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Railway clerk (retired)  
Mo. Pacific R.R.

11. Industry or business  
12. Name Hugh McLigue  
13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Nugent  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy McLigue  
(b) Address 1358 McCutcheon

17. (a) Burial (b) Date thereof July 6-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Watson Backlage  
(b) Address 6536 Clayton Road.

19. (a) JUL 5 - 1944 (b) E. D. McIlvann, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County St. Louis  
(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1358 McCutcheon  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 3rd  
year 1944 hour 8 minute 11:00 A.M.

21. I hereby certify that I attended the deceased from July 1944 to July 3rd 1944  
I last saw him alive on July 3rd 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Pulmonary Tuberculosis 2yr+  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 13/1

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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)  
Means of injury \_\_\_\_\_  
23. Signature Harold O. ... (M. D. or other) MD  
Address 2816 ... Date signed 7/4/44

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

AUG 29 1944

JUL 18 1944

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

*Albert G. Hoffe*

Licensed Embalmer No.

2971

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.