

FILED JUN 6 1946
Registration District No. 378

Primary Registration District No. 1003 Registrar's No. 4889

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: 4141 Botanical
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME Charles J. Maccubbin

3. (b) If veteran, name war World War #1 3. (c) Social Security No. ---

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Oct. 9 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Boston Mass.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Army Officer

11. Industry or business Edward Maccubbin

12. Name Edward Maccubbin

13. Birthplace Unknown Maryland
(City, town, or county) (State or foreign country)

14. Maiden name Rachel E. Warnock

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Warnock B. Maccubbin

(b) Address 102 Jefferson Rd. Webster Groves

17. (a) Burial (b) Date thereof 6/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Wacker, Kelschle
(b) Address 3634 Gravois Ave.

19. (a) JUN 1 1946 (b) J. F. Breese
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1717
(d) Street No. 4141 Botanical (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1946 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from May 14 1946 to May 30 1946
that I last saw him alive on May 19 and that death occurred on the date and hour stated above. 46

Immediate cause of death Cardiac decompensation Duration _____

Due to Chronic Myocarditis

Due to Atherosclerosis

Other conditions 93
(Include pregnancy within 3 months of death)

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) Where did injury occur? _____

(c) (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) _____

While at work? _____ (e) Means of injury _____

23. Signature Harry W. Weis (M. D. or other) _____

Address 2301 So. Kingshighway Date signed 5/31/46

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 Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address St. Louis Mo.

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.