

No. 300
1-10-47
5-17-39
I 3905

FILED MAR 25 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 2635

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

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:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Weeks
(Specify whether _____)

In this community 50 Years
years, months or days

3. (a) PRINT FULL NAME McCune, James T.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Catherine McCune

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 19, 1867
(Month) (Day) (Year)

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

80 11 25 hr. min.

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

10. Usual occupation Police Dept.

11. Industry or business _____

12. Name Unknown McCune

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Virginia McCune

(b) Address 4010 Russell Blvd.

17. (a) Burial (b) Date thereof 3-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAR 16 1948 (b) J. F. Bralack
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 4010 Russell Blvd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1948 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from 1-19, 1948 to 3-14, 1948,
that I last saw him alive on March 14, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of urinary bladder with metastases

Due to _____

Due to 52

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

Major findings: Of operations _____

Of autopsy Ca. bl. with metastasis to lungs and liver

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 John J. Mackay Jr. (M. D. or other) MD
Address 1325 S. Grand Date signed 3/15/48

000
17
9
17
0

Duration Undetermined

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

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.....

W. H. VanMatre

Licensed Embalmer No.....

2825

P. O. Address.....

4340 Lafayette

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.