

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2757

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **61**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>9122 Newby Avenue</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Barnard Nurs. Home 4385 Maryland &amp; 9122 Newby Avenue</b>			
<b>3. NAME OF DECEASED</b> a. (First) <b>Ernest L. McCuaig</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>1-2-51</b>
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 22, 1891</b>
<b>9. AGE</b> (In years last birthday) <b>59</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Garage Owner (Retired)</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>St. Louis Missouri</b>
<b>10a. USUAL OCCUPATION</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Automotive</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b>
<b>13a. FATHER'S NAME</b> <b>William McCuaig</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Amanda Hines</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Julia Walsh McCuaig</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No.</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ernest L. McCuaig Jr.</b> <b>ADDRESS</b> <b>9122 Newby Avenue</b>
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>12 years</b>
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Multiple Sclerosis</b>			
<b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
<b>DUE TO (b)</b>			
<b>DUE TO (c)</b>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) :</b> _____ (COUNTY) _____ (STATE) _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>3457X</b>	
<b>22. I hereby certify that I attended the deceased from August, 1940, to 1-2-1951, that I last saw the deceased alive on 1-1-1951, and that death occurred at 7:50 p.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>Albert Kaplan</b>		<b>23b. ADDRESS</b> <b>8110 607 N. Grand</b>	<b>23c. DATE SIGNED</b> <b>1-3-51</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>1-5-51</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis Missouri</b>
<b>DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE</b> <b>JAN 4 1951</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>THOS. J. FINAN and sons 1519 s. Grand</b> <b>ADDRESS</b>	

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Wm B. Intley*

Licensed Embalmer No. *3653*

Signed.....  
Student Embalmer

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.