FILED MAR 1 1952

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 6143

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 44

**1. PLACE OF DEATH**
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orchard Farms
c. LENGTH OF STAY (In this place): ST CHARLES
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchard Farms

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orchard Farms 0920
d. STREET ADDRESS (If rural, give location): RURAL

**3. NAME OF DECEASED** (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Mc Cue Sr

**4. DATE OF DEATH** (Month) Feb (Day) 22 (Year) 1952

**5. SEX:** Male 0

**6. COLOR OR RACE:** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1

**8. DATE OF BIRTH:** Dec 26.1876

**9. AGE** (In years last birthday): 75 — IF UNDER 1 YEAR: Months 1, Days 27 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Salesman

**10b. KIND OF BUSINESS OR INDUSTRY:** BAKERY

**11. BIRTHPLACE** (State or foreign country): St. Louis Mo 0

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME:** Maurice Mc Cue

**13b. MOTHER'S MAIDEN NAME:** LUELLA JAMES

**14. NAME OF HUSBAND OR WIFE:** MARIE FRANK MCCUE

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** 494-07-7262

**17. INFORMANT'S SIGNATURE OR NAME:** Charles Mc Cue Jr — ADDRESS: 8117 Blumont St Louis Mo

**18. CAUSE OF DEATH** 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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic heart disease — 5 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:** 4200

**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)

**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1-22-42, 19__, *to* 2-22, 1952, *that I last saw the deceased alive on* 2-22, 1952 *and that death occurred at* 12:30P *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] MD

**23b. ADDRESS:** 114 N. Main St., St. Charles, Mo.

**23c. DATE SIGNED:** 2-22-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL

**24b. DATE:** 2-25-52

**24c. NAME OF CEMETERY OR CREMATORY:** ST. PETERS CEMETERY

**24d. LOCATION** (City, town, or county) (State): ST LOUIS COUNTY MO

**DATE REC'D BY LOCAL REG.:** 2/23/52

**REGISTRAR'S SIGNATURE:** Frances Hamilton 284-0

**25. FUNERAL DIRECTOR'S SIGNATURE:** Finan Junior — ADDRESS: 1519 S. Grand ST. LOUIS MO

(Licensed Embalmer's Statement on Reverse Side)

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

APR 3 1957

## 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.....

Licensed Embalmer No. 3408

P. O. Address St. Louis Mo

Signed.....
Student Embalmer

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**