

5. No. 300
EV. 10.48

FILED JUN 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23006

State File No.

318

1003

5737

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4386 West Pine</u>				e. STREET ADDRESS (If rural, give location) <u>4386 West Pine</u>		<u>21990</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>A.</u> c. (Last) <u>McCune</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>1893</u> <u>Oct. 10, 1893</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Charles McCune</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Gahan</u>	
13a. FATHER'S NAME <u>Charles McCune</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Gahan</u>		14. NAME OF HUSBAND OR WIFE <u>Louise</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louise McCune, 4386 West Pine</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Hypertensive cardio-vascular disease</u> DUE TO (b) <u>hypertensive cardio-vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Rt. Hemiplegia</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>no.</u> <u>9 mo</u>	
19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>			
22. I hereby certify that I attended the deceased from <u>Jan 15, 1953</u> to <u>June 8, 1953</u> , that I last saw the deceased alive on <u>8 June 1953</u> and that death occurred at <u>9:30 p. m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>R. K. Resner M.D.</u>				23b. ADDRESS <u>408 Humboldt Bldg</u>		23c. DATE SIGNED <u>9 June 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>R. K. Resner M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harrigan-Sheahan, 4700 Washington Blvd</u>			

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

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Gairnes*
Licensed Embalmer No. *4108*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

23070

State of Missouri }
City of St. Louis } ss.

State File No. _____
Local Registrar's No. 5737

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 23rd day of June, 1953, before me appears
Louise McCune, who, upon her oath, states that the original record of ²⁶²³ death
for Charles A. McCune ^{died} June 8-, 1953, in the State of
Missouri, and which was filed at St. Louis, Mo. on June 9-, 1953 should be corrected as follows:

Item No. 8 should read Oct. 10-1893

Instead of Oct. 10-1895

Item No. 9 should read 59 yrs.

Instead of 57 yrs.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Louise McCune Informant
Relationship.

4386 West Pine, St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 23rd day of June, 1953.

My Commission expires 3-4-57 Edna Pablos Notary Public.

RECEIVED BY THE CLERK OF THE BOARD OF HEALTH OF MISSOURI ON THE 23RD DAY OF JUNE 1953

