

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2924

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

584

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisInside Limits
Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo. 3

b. COUNTY

WARRENc. CITY
OR
TOWNWARRENTON1090
Inside Limits
Yes No 1b. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Mo. Rept. Hosp.Length of stay in 1b
2 mo. 31d. STREET (If outside, give location)
ADDRESS Route 3Reside on Farm
Yes No 3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

WilliamP.McCue4. DATE
OF
DEATH

Month

Day

Year

Jan191957

5. SEX

Male

6. COLOR OR RACE

White7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH

April 28, 18789. AGE (In years
last birthday)78

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HRS.

Hours

Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

Brewery

11. BIRTHPLACE (City and state or country)

EDWARDSVILLE, Ill

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

McCue

14. MOTHER'S MAIDEN NAME

WARD15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)No

16. SOCIAL SECURITY NO.

497-09-9119

17. INFORMANT

Ruth H. Sims WARRENTON Mo.

Address

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarctionINTERVAL BETWEEN
ONSET AND DEATH1 MOConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Thrombosis1 MO

DUE TO (c)

gen. arteriosclerosis10 YRS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

420-119. WAS AUTOPSY
PERFORMED?YES NO

MEDICAL CERTIFICATION.

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)

20c. TIME OF INJURY
a. m.
p. m.

20d. INJURY OCCURRED

WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e. g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-14-56 to 1-19-57 and last saw him alive on 1-18-57
Death occurred at 7:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

John L HornerM.D.

22b. ADDRESS

114 N. Taylor St. Louis 8 Mo

22c. DATE SIGNED

1-19-5723a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

LAKE CHARLES

23d. LOCATION (City, town, or county)

St. Louis Co, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ontmagg Funeral Home

25. DATE RECD. BY LOCAL REG.

Jan 19 1957

26. REGISTRAR'S SIGNATURE

J. Earl Smith

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Al C Ostermann*

Licensed Embalmer No. *54*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.