MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
7804

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St Louis (No. DePaul Hospital St. ..... Ward)

File No. ..... Registered No. 2174

2. FULL NAME John Mc Cauley

(a) Residence. No. 2413 Dickson St., 21 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Mary Mc Cauley

6. DATE OF DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1865

7. AGE: Years 66 | Months about | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Night Watchman
(b) General nature of industry, business, or establishment in which employed (or employer): Lauderman 189
(c) Name of employer: Cabinet Co

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): "
(STATE OR COUNTRY): "
12. MAIDEN NAME OF MOTHER: "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): "
(STATE OR COUNTRY): "

14. INFORMANT: Mary Mc Cauley
(Address) 2413 Dickson St

15. FILED FEB 18 1931 Hay C. Wright
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-16-1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27th, 1930, to Feb. 16, 1931, that I last saw h. alive on Feb. 16th, 1931, and that death occurred, on the date stated above, at 1450 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Edema Carcinoma of Prostate
516
93
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec. 31, 1930
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Carl J. Atthaus, M. D
2/17, 1931 (Address) 4501 Easton Av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery
DATE OF BURIAL: 2/19 1931

20. UNDERTAKER: Arthur J Donnelly Undertaker
ADDRESS: 2039 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr [illegible]

T[illegible]

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[illegible]