

REC'D MAR 24 1938

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

8227
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 96
(b) Township Wentzville Primary Registration District No. _____ Registered No. 287
(c) City Wentzville (d) Street No. 2923 Ridgeway St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Caughlin 245

(a) Residence, No. 2923 Ridgeway St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Senline</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 65</u> | | |
| 7. AGE | YEARS | MONTHS |
| | | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Custodian</u> | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>Apartment</u> | |
| | 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____ | |
| 12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Missouri</u> | | |
| FATHER | 13. NAME <u>John Caughlin</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) <u>Ireland</u> (STATE OR COUNTRY) _____ | |
| MOTHER | 15. MAIDEN NAME <u>Ann Cleary</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) <u>Ireland</u> (STATE OR COUNTRY) _____ | |
| 17. INFORMANT <u>Catherine Seitel</u> (ADDRESS) <u>2923 Ridgeway</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Feb. 14, 1938</u> | | |
| 19. FUNERAL DIRECTOR <u>Thos. J. Finnan</u> (ADDRESS) <u>8900 Bristol Ave.</u> | | |
| 20. FILED <u>2-11</u> 19 <u>38</u> <u>J. R. Meyer</u> Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11 1938

22. I HEREBY CERTIFY That I attended deceased from Feb. 5th 1938 to Feb 11 1938
I last saw him alive on Feb 11 1938 Death is said to have occurred on the date stated above, at 12:15 A.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset Feb 5th

Other contributory causes of importance: 10th

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. A. Schryver M.D.
(Address) 8816th St. Charles Rd

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.

STATEMENT BY LICENSED EMBALMER

I, Howard F. Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

..... L. E.

No. 3114 or by Registered Apprentice No.
working under my personal supervision.

Signed Howard F. Rowland
Licensed Embalmer No. 3114

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.)