

JUL 12 1938

REC'D AUG 9 1938

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

26482
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township _____ Primary Registration District No. 109 Registered No. 1191

(c) City Maplewood (d) Street No. 2031 YALE AVE 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 CHARLES JOHN GAFFNEY 150

(a) Residence, No. 2031 YALE AVE 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED CHILD

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 22, 1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>4</u>	<u>5</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CHILD

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) MAPLEWOOD 0
(STATE OR COUNTRY) MISSOURI 0

13. NAME GEORGE GAFFNEY 0

14. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MO. 0
(STATE OR COUNTRY)

15. MAIDEN NAME RUTH COOMBE

16. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MO.
(STATE OR COUNTRY)

17. INFORMANT GEORGE GAFFNEY
(ADDRESS) 2031 YALE AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY JULY 14, 1938

19. FUNERAL DIRECTOR (ADDRESS) Joseph & Joseph
2227 St. Louis Ave

20. FILED _____ 19 _____
JUL 12 1938
W. R. Meyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11 1938

22. HEREBY CERTIFY, That I attended deceased from July 11th, 1938 to July 11, 1938
I last saw him alive on July 11, 1938 Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
Dysentery Bacillary
Ulcerative type
13 1/2
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? _____
If so, specify _____
(Signed) W. R. Meyer
(Address) 7370 Manchester

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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, Charles Goodhart, Licensed Embalmer No. 2777
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart
L. E.

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

Signed Charles Goodhart
Licensed Embalmer No. 2777

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.)