

C 13 1938

REC'D JAN 6 1939

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

44554
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200
(c) City Jefferson Barracks (d) Street No. VETERANS HOSPITAL Registered No. 2042
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 McCauley

(a) Residence, No. 2110 (Usual place of abode, if no street address, write county or city) St. Jerseyville, Illinois. (If nonresident, give city or town and State)

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 Mrs. Etta McCauley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 8 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Jerseyville, Illinois (STATE OR COUNTRY)

FATHER 13. NAME James McCauley

14. BIRTHPLACE (CITY OR TOWN) Not known Illinois (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Downs

16. BIRTHPLACE (CITY OR TOWN) Not known Illinois (STATE OR COUNTRY)

17. INFORMANT C. H. Hoffmeister VAF., Jefferson Barracks, Missouri. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Jerseyville, Ill DATE Dec. 13, 1938

19. FUNERAL DIRECTOR (NAME) C. HOFFHEISTER (ADDRESS) 7814 S. BWAY ST. LOUIS MO

20. FILED DEC 13 1938 G. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1938 to December 13, 1938

I last saw him alive on December 13, 1938 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Tuleremia Date of onset Unkn.
44 W
Other contributory causes of importance: Broncho-pneumonia. Unkn.

Name of operation None Date of None
Phys. clinical manif. and laboratory None
What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None

(Signed) C. W. HUGHES, Chief Med. Officer M. D.
(Address) VAF., Jefferson Barracks, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me.

....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo. J. Hoffmeister

Licensed Embalmer No. 2426

P. O. Address 7814 S. Broadway
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 this body is not embalmed, above space should be left blank.