

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REC'D FEB 10 1939

791
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Do not use this space.

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1. PLACE OF DEATH

- (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... St. Louis. (d) Street No..... 4061 Maffitt 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

- 240 Margaret McCauley.
 (a) Residence, No. 4061 Maffitt 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 Female	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 Peter J. McCauley.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 2, 1862		
7. AGE	YEARS 76	MONTHS 3
	DAYS 26	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis.		
FATHER	13. NAME Martin Guerin.	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.	
MOTHER	15. MAIDEN NAME Catherine O'Laughlin	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.	
17. INFORMANT (ADDRESS) Peter J. McCauley. 4061 Maffitt Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 30, 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly. 3840 Lindell Blvd.		
20. FILED JAN 28 1939 <i>J. B. ...</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1939. 19

22. I HEREBY CERTIFY, That I attended deceased from January 2nd 1939, to January 27th 1939. I first saw h. e. alive on Jan. 25th 1939. Death is said to have occurred on the date stated above at 4:30 P. M.
 The principal cause of death and related causes of importance were as follows:
 Coronary Thrombosis
 Arteriosclerosis
 Date of onset 1/10/39

Other contributory causes of importance:
 Arteriosclerosis

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?.....
 If so, specify (Signed) James A. ... M. D.
 (Address) 5887 Julian Ave

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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

Registered Apprentice No., working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.