

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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34020

NOV 13 1939

State File No. \_\_\_\_\_

8558

Registration District No. 7911 Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: 1008

(a) County \_\_\_\_\_ /

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 7 Days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME: Jessie McCauley *244*

8. (b) If veteran, name war. nil 8. (c) Social Security No. nil

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife: Thomas McCauley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: About 1871  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

About 68 Unknown Unknown \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housework

11. Industry or business \_\_\_\_\_

12. Name: William Why

13. Birthplace: \_\_\_\_\_ Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: \_\_\_\_\_ Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Agnes Meyer

(b) Address: 2870 Texas Ave.

17. (a) Burial (b) Date thereof: Oct. 7-39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Marcus Cemetery

18. (a) Signature of funeral director: M. E. Maydell

(b) Address: 1836 Allen Ave.

19. (a) OCT 6 1939 (b) \_\_\_\_\_  
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_ /

(c) City or town St. Louis 34  
(If outside city or town limits, write "RURAL")

(d) Street No. 2870 Texas Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5, year 1939 hour 6:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from August 30, 1939 to October 5, 1939  
that I last saw h. er alive on October 5, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-sclerotic gangrene of left foot

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature: J. E. Von Kanel (M. D. or other)

Address: 1515 Lafayette Date signed: 10/6/39

---

---

**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 Benj. I. Duncan  
Licensed Embalmer No. 2272  
P. O. Address 1926 Allen

**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.**