

MAY 15 1940

791

Primary Registration District No. 1003

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

Registrar's No. 3864

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5520 Minnesota  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5520 Minnesota  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James M. Gaughey 220  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Mar.  
(b) Name of husband or wife Selma M. Gaughey 6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased July 3, 1858  
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ireland 5  
(City, town, or county) (State or foreign country)

10. Usual occupation care taker

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

MOTHER FATHER  
12. Name Wm. M. Gaughey 5  
18. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Kate Morrissey  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Edw. J. Bushe  
(b) Address 5520 Minnesota

17. (a) Burial (b) Date thereof 5-1-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Eastern Funeral Home  
(b) Address 6322 S Grand

19. (a) APR 30 1940 (b) [Signature]  
(Date of registration) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 28th  
year 1940 hour 5:00 minute a.m.

21. I hereby certify that I attended the deceased from DEC 1937, to APRIL 28, 1940  
that I last saw him alive on April 27, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach  
Duration 4 mo.

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

Due to H/O

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

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature Owen J. Gavelle (M. D. or other) Recd  
Address 7606 Michigan Date signed 4/29/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. McNamee  
7606 Michigan  
1301 - 3  
7-9

**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 *Frank Ludwig*

Licensed Embalmer No. *2504*

P. O. Address *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.