

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1241

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

**1. PLACE OF DEATH:**

(a) County St. Louis  
 (b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Manchester Nursing Home  
(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

8. (a) PRINT FULL NAME Kathryn McAuliffe 2111  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Florence McAuliffe 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Oct. 30, 1851  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>7</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Buffalo New York  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

**MOTHER FATHER**  
 { 12. Name Ben White  
 { 13. Birthplace Buffalo New York  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Don't know  
 { 15. Birthplace Buffalo New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Albert Sculenburg  
 (b) Address 4229 Flora Blvd. St. Louis

17. (a) Burial (b) Date thereof 7/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co  
 (b) Address 2201 S. Grand Bl. St. Louis

19. (a) JUL - 1 1940 (b) R. M. Jones, M.D.  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4229 Flora Blvd.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 29  
 year 1940 hour 5 minute 0 P. M.  
 21. I hereby certify that I attended the deceased from June 15  
 1939 to June 29, 1940  
 that I last saw her alive on June 29, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
 Duration \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
 Of operations 934  
 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 R. M. Jones (M. D. or other) \_\_\_\_\_  
 Address Manchester, Mo Date signed 7/1/40

Handwritten notes and signatures in the top left corner, including the date "June 12 1908" and a signature.

**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 Nancy Stewart

Licensed Embalmer No. 3722

P. O. Address St. Louis

**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.**