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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35627

Registration District No. 475 Primary Registration District No. 5580 Registrar's No. 14-46

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

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL — MERAMEC
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPHS HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 MONTHS 4 DAYS (Specify whether years, months or days)

In this community 3

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. 4468 WILCOX
(If rural, give location)

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

3. (a) PRINT FULL NAME MICHAEL CAPELESS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 7 (Month) 3 (Day) 1873 (Year)

8. AGE: Years 67 Months 3 Days 0 If less than one day hr. min.

9. Birthplace RUTLAND (City, town, or county) VERMONT (State or foreign country) 1

10. Usual occupation R. R. SWITCHMAN, RETIRED 5

11. Industry or business 5

FATHER
12. Name JOHN CAPELESS
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name HELEN
15. Birthplace (City, town, or county) IRELAND (State or foreign country)

16. (a) Informant Brother Bonaventure, O. S. F.
(b) Address St Joseph's Hill Infirmary

17. (a) (Burial, cremation, or removal) (b) Date thereof Oct 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary - St Louis

18. (a) Signature of funeral director J. Collins
(b) Address St Louis, Mo.

19. (a) 3 Oct 1940 (Date received local registrar) (b) James A Towns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd year 1940 hour 12 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug. 16, 1940, to Oct. 3, 1940 that I last saw him alive on Oct 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Broncho-pneumonia 82 N	
Due to	
Due to Cerebral Hemorrhage	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jesse S. Sargent (M. D. ~~or other~~) 1
Address Eureka, Mo. Date signed 10-3-40

(Licensed Embalmer's Statement on Reverse Side)

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 C. A. Hamell

Licensed Embalmer No. 3670

P. O. Address St Louis Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.