

FILED JUN 2 1942 **791**

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Registration District No. _____ Primary Registration District No. _____

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

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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:
CITY HOSPITAL
(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 **Missouri** (b) County _____ **000**
 (c) City or town **St. Louis,** **2311**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1929 A S. 12 Str.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME **Michael Cauley**
 (b) If veteran, name war **No** (c) Social Security No. **491-16-9874**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **27**
 year **1942** hour **11** minute **10 P.M.**
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **Wht.**
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 **Unknown** **About** **1894**
(Month) (Day) (Year)

Immediate cause of death
Lobar Pneumonia
Pneumonia
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within _____ months of death)

8. AGE: Years **About 48** Months **Unknown** Days _____ If less than one day _____ hr. _____ min.
9. Birthplace **St. Louis, Mo.** _____
(City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**

Major findings: **108**
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name **Thomas Cauley**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Canavan**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Margaret Cauley**
(b) Address **1929 A.S. 12 Str.**
17. (a) Burial _____ **(b) Date thereof** **May 26, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**
18. (a) Signature of funeral director **W. C. Mayhew**
(b) Address **1926 Allen Ave.**
19. (a) MAY 29 **(b) J. F. Budeck**
(Date received local registration) (Registrar's signature)

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** **3**
23. Signature **Alfred Perry** (M. D. or other) **3**
 Address _____ Date signed **5/27/42**

213

2144

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.....

A. H. Jansky

Licensed Embalmer No. *4149*

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, fact should be so stated above.