

FILED NOV 29 1943

Registration District No. **18**

Primary Registration District No. **1003**

Registrar's No. **9981**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME John S. Mc Caffrey
3. (b) If veteran, no name war. 3. (c) Social Security No. none

4. Sex Male 5. Color Wh race 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased December 26 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 17 If less than one day _____ min.

9. Birthplace Red Bud Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Policeman

11. Industry or business St. Louis Police Dept.

12. Name John M. Caffrey

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

14. Maiden name Jane Tausky

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

16. (a) Informant Mae Dennis

(b) Address 7139 Kingsbury Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.
NOV 15 1943 (c) J. F. Bredich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4170 Lafayette
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Nov, day 13, year 1943 hour 3 30 minute A. M.

21. I hereby certify that I attended the deceased from 10-12-43 19 to 11-13-43 19;
that I last saw him alive on 11-13-43 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Sclerosis General

Due to Arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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. K. Anderson (M. D. or Phys)
Address 4932 Montclair Date signed 11-13-43

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

R. K. Anderson

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..... *R. K. Anderson*

Licensed Embalmer No. 3575

P. O. Address.....

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.