

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36642

State File No.

Registrar's No. 10571

FILED DEC 13 1943
318

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis MO
(b) City or town St. Louis MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
Homer G. Phillips Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Hours
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
(c) City or town St. Louis MO 991
(If outside city or town limits, write "RURAL")
(d) Street No. 2218 Chestnut St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
No attending Physician

3. (a) PRINT FULL NAME CHARLES McCAFE

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex MALE 5. Color or race W. EOL 6. (a) Single, widowed, married, divorced, divorced

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

7. Birth date of deceased. 1904 - - - -
(Month) (Day) (Year)

8. Age at death 39 years Months Days If less than one day
64 - - - hr. - min.

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

10. Usual occupation LABORER

11. Industry or business

12. Name Unknown

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

14. Maiden name "

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

16. (a) Informant Pauline Beary

Address 2218 Chestnut St
17. (a) buried (Burial, cremation, or removal) (b) Date thereof 12-2-43
(Month) (Day) (Year)

(c) Place: burial or cremation W. Phillips

18. (a) Signature of funeral director W. Phillips

(b) Address 2218 Chestnut St

19. (a) DEC 2 1943 (Date of local registration) J. F. Madach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1943 hour 2 min 15 A.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.

Immediate cause of death

Lobar Pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) (c) Means of injury

23. Signature Thomas F. Callahan (M-D, or other)

Address Deputy Coroner Date signed 12-1-43

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

48

844

(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.....

Licensed Embalmer No.....

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.