

FILED MAY 2 1944 318

Primary Registration District No.

1003

3801

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:
St. John's 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)

3. (a) PRINT FULL NAME Katherine Mc.Auliffe

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 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 November 13 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 9 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Daniel Mc.Auliffe

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

14. Maiden name Bridget Cleary

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

16. (a) Informant R. J. McAuliffe

(b) Address 7034 Maryland Ave.

17. (a) Burial (b) Date thereof 4-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery Cullinane Bros.

18. (a) Signature of funeral director
(b) Address 1710 N. Grand Blvd.

19. (a) APR 24 1944 (b) J. J. Bredon
(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. 4372 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country?
(Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1944 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from April 12, 1944, to April 22, 1944, that I last saw her alive on April 22, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 3 days

Due to

Due to

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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 W. P. Glennon (M. D. or other)

Address Wm. W. Co. (Chil. Bldg.) Date signed 4/24/44

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

DEC 11 1944

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.