

FILED MAY 31 1946 STANDARD CERTIFICATE OF DEATH

State File No. 18663

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4675

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: Card Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Hazel Grace McCafferty
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Russell L. McCafferty
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May 9 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 4 14 hr. min.

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

10. Usual occupation Homemaker

11. Industry or business

12. Name Hubert John Sieycke

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

14. Maiden name Elsie Alton

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

16. (a) Informant Russell L. McCafferty

(b) Address 2939 Barfield Ave.

17. (a) Burial (b) Date thereof May 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lafayette Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4452 Washington Blvd.

19. (a) MAY 24 1946 (b) J. F. Phedeeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2939 Barfield Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1946 hour 8 minute 15 M.

21. I hereby certify that I attended the deceased from May 17 to May 23 1946
that I last saw him alive on May 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 6 days

Due to Ruptured Gallbladder

Due to Diabetes & nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61

Of autopsy

Underline the cause to which death should be charged statistically.

PHYSICIAN

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 Clayce B. Kane (M. D. or other)

Address 706 Walton Date signed 5-24-46

Clyde Kane 100-17680
706710000000 Jan 5 1958
11-1-100000

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

John Ketter

Licensed Embalmer No.

2880

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.