

7. S. No. 2
 00M-5-43
 Rev. 5-17-39
 I X36671

FILED MAR 31 1947

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3056

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: Barnes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether _____)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME Thomas A. McCawley
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race White
 6. (a) ~~Single, widowed, married, divorced~~ Married
 6. (b) Name of husband or wife Daisy McCawley
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased April 26 1875
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 22 _____ hr. _____ min.

9. Birthplace Clay Co. Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Daniel W. McCawley
 13. Birthplace Clay Co. Illinois
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah J. Bullock
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Daisy McCawley
 (b) Address Flora, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-19-47
 (Month) (Day) (Year)

(c) Place: burial or cremation Flora, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.

19. (a) MAR 21 1947 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Clay
 (c) City or town Flora
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 2
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
 year 1947 hour 2 minute 25 P. M.
 21. I hereby certify that I attended the deceased from March 14, 1947, to March 18, 1947,
 that I last saw him alive on March 18, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cachexia & debility Duration 2 mos.
 Due to Multiple Carcinomatosis 3 mos.
 Due to Carcinoma of Pancreas 3-5 mos.
 Other conditions None or more
 (Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: Multiple Carcinomatosis
 Of operations: primary in pancreas
 Of autopsy: Carcinoma head of pancreas
Metastasis to liver & lung
 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)
 (a) Means of injury _____
 23. Signature Chas. O. Liebhart (M. D. or other) _____
 Address Barnes Hospital Date signed _____

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

MOTHER, FATHER

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 Elmo R. Cadwell
Licensed Embalmer No. 4077
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.