No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32517

Registrar's No. 8599

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

1. PLACE OF DEATH:

(a) County

(b) City or town JST. Louis Mo. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 101 No. Sappington Road 3
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Charles M. Gaffney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Geraldine Gaffney

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Feb. 12 1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	6	28	hr. min.

9. Birthplace Sedalia, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Vice Pres. Appliance Distributor Corp.

11. Industry or business

FATHER
12. Name John Gaffney 0
13. Birthplace Dont Know 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mayme Sullivan
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geraldine Gaffney
(b) Address 101 No. Sappington Road

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia Mo.

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) SEP 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1947 hour 11 minute 1 M.

21. I hereby certify that I attended the deceased from Aug. 2 1947 to Sept. 6 1947
that I last saw him alive on 9/10 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Metastatic carcinoma of liver	6 wks.
Due to: Carcinoma of stomach	?
Due to: Primary site - Stomach	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above.	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L J Hance (M. D. or other)

Address 3720 Washington Date signed 9/11/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 7 1947

OCT 7 1947

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 W.H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.