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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

24498
State File No. _____
6933
Registrar's No. _____

FILED AUG 12 1948

Registration District No. **318**

Primary Registration District No. _____

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether _____)
In this community **30 yrs**
(years, months or days)

3. (a) PRINT FULL NAME **Sarah McCauley**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Female**
5. Color or race **Col**
6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug 3 1896**
(Month) (Day) (Year)

8. AGE: Years **52** Months **0** Days **1**
If less than one day hr. _____ min. _____

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

10. Usual occupation **MAID**

11. Industry or business _____

12. Name **GORDAN MAHARR**
13. Birthplace **KY**
(City, town, or county) (State or foreign country)
14. Maiden name **LUCY**
15. Birthplace **KY**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alberta McCauley**
(b) Address **241 Rear Carr**
17. (a) **Burial** (b) Date thereof **8-10-48**
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **J. H. Green**
(b) Address **7214 Delmar**
19. (a) **AUG 7 - 1948** (b) **J. F. Bruck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2011 Rear Carr**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **4**
year **1948** hour **11** minute **10 A.M.**
21. I hereby certify that I attended the deceased from **July 25, 1948** to **August 4, 1948**
that I last saw h. **er** alive on **August 4, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Broncho-pneumonia
Liver, Congestion

Due to _____
Due to **107**

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

Major findings:
Of operations _____
Of autopsy **See Above**
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)
(d) Means of injury **0**

23. Signature **J. H. Green** (M. D. _____)
Address **2601 N Whittier** Date signed **8-6-48**

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

G. A. Green

Licensed Embalmer No.

29613

P. O. Address

4317 Delmar

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.