FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
Registration District No. 918

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27976

Registrar's No. 7248

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: 6304 Bradley Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County:
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 6304 Bradley (If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MC CAUL, ANGELINE ANDREWS
3. (b) If veteran, name war: No
3. (c) Social Security No.: No

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: William McCaul
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 3 (Day) 1862 (Year)

8. AGE: Years 86 Months 4 Days 13 If less than one day: hr. min.

9. Birthplace: Centervill<Sta. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Own home
MOTHER FATHER
12. Name: Edward Ploudre
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
14. Maiden name: Mary Lecompt
15. Birthplace: Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Ruth Monrotus
(b) Address: 6304 Bradley
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Trinity Cem.
18. (a) Signature of funeral director: C. Hoffmeister Colonial Mortuary
(b) Address: 6464 Chippewa St.
19. (a) AUG 18 1948 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 16 year: 1948 hour: 8 minute: 30 A. M.
21. I hereby certify that I attended the deceased from 2-3 1948 to 8-16-48, 19....; that I last saw h... alive on 8-16-48, 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardiacs	
Due to: Senile	
Due to: Pulmonary Gall Bladder	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

23. Signature: P B Capps M.D. or other
Address: 3284 Lemay Ferry Date signed: 8-18-48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Cappel

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 Louis C. Hoffmeister D

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.