

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 34420  
Registrar's No. 8941

Registration District No. 318 Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Hour (Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter P. McAuliffe

3. (b) If veteran, name war Spanish Amer.

3. (c) Social Security No. 497-07-0048

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January 16, 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>08</u>	<u>27</u>	hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

Usual occupation Laborer

Industry or business William

12. Name Walter McAuliffe

13. Birthplace Unk. Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Ann Welsh

Birthplace Unk. Ireland  
(City, town, or county) (State or foreign country)

Informant Mary Kimmel

Address 4413 Olive St.

18. (a) Burial (b) Date thereof 10/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvesty Cemetery

Signature of funeral director Joseph Quinn

Address 1309 Union Blvd.

19. (a) OCT 15 1948 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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. 4413 Olive St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13  
year 1948 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Myelogenous Leukemia

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Gabriel E Taylor (Specify type of place) (e) Means of injury Car  
Address 1300 Clark Date signed 10-15-48

COPIES OF THIS CERTIFICATE TO BE FILED IN THE OFFICE OF THE HEALTH COMMISSIONER, STATE OF MISSOURI, JEFFERSON CITY, MISSOURI.

*Final*

**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.....

*J. Allen Davis Jr.*

Licensed Embalmer No..... *4053*.....

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.**

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 34420-48

State of Mo  
City of St Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 8941

On this 28<sup>th</sup> day of October, 1948, before me appears Mrs Mary Kimmel, who, upon her oath, states that the original record of birth death for Walter P. McAuliffe died Oct-13, 1948, in the State of Missouri, and which was filed at St Louis on Oct 15, 1948, should be corrected as follows:

Item No. 7 should read January -16-1881

Instead of January -16-1880

Item No. 8 should read 67 years - 8 mos. - 27 days

Instead of 68 years - 8 mos - 27 days

Item No. 12 should read William Mc Auliffe

Instead of Walter Mc Auliffe

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs Mary Kimmel Dieter Relationship.

4413 Olive St St Louis Mo  
Present Address.

Subscribed and sworn to before me this 28<sup>th</sup> day of October, 1948.

My Commission Expires March 4th, 1949

Ella C. Paddock Notary Public.

