

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10763  
2656

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>				c. LENGTH OF STAY (in this place) _____			
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				d. STREET ADDRESS (If rural, give location) <b>6212 Arendes Dr.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony's Hosp.</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dr. Arthur L. McAuliffe</b>			b. (Middle) _____		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>March 18, 1950</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, <b>Married</b> (Specify)		8. DATE OF BIRTH <b>Sept. 23, 1901</b>	9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chiropractor D.O.</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>Arthur McAuliffe</b>			13b. MOTHER'S MAIDEN NAME <b>Mary McAveny</b>		14. NAME OF HUSBAND OR WIFE <b>Mary McAuliffe</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>non</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary McAuliffe 6212 Arendes Dr.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Hypertension</b>				INTERVAL BETWEEN ONSET AND DEATH <b>13 days</b>  <b>?</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <b>MO</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>3/6</b> , 19 <b>50</b> , to <b>3-18</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>3/18</b> , 19 <b>50</b> , and that death occurred at <b>2 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. B. Sarate</b> (Degree or title) <b>D</b>				23b. ADDRESS <b>5417 So Grand Blvd</b>		23c. DATE SIGNED <b>3/20/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24b. DATE <b>3-21-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Mausoleum</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Mar 29 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sarate</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Southern Funeral Home 6322 S. Grand Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

APR 5 1950

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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.....

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *6312 So Grand*

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.