

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

AUG 15 1952

318

1003

7124

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>7124</u>	
1. PLACE OF DEATH a. COUNTY <u>3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>2254</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>25 508 Chestnut St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Empout City Hospital</u>				3. NAME OF DECEASED a. (First) <u>Andrew</u> b. (Middle) <u>W</u> c. (Last) <u>Mc Cauley</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>7 22 52</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	
8. DATE OF BIRTH <u>Nov. 12, 1897</u>		9. AGE (In years last birthday) <u>54</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper hanger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>New York</u>				12. CITIZEN OF WHAT COUNTRY? <u>/</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Madge MC Cauley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes #1</u>		16. SOCIAL SECURITY NO. <u>#1</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Madge Mc Cauley 2143 a Cass Av</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>12</u> ¹⁹ <u>1952</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1230</u> ¹⁹ <u>1952</u> <u>11</u> ¹⁹ <u>1952</u> <u>11</u> ¹⁹ <u>1952</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>David E. Taylor</u> (Degree or title) <u>Cornel</u>				23b. ADDRESS <u>1500 Clark</u>		23c. DATE SIGNED <u>7-21-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co.</u>	
DATE REC'D BY LOCAL REG. <u>JUL 24 1952</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodhart-Goodhart 2228 St. Louis, Av</u>			

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John J. Harris
Licensed Embalmer No. 4108

P. O. Address St Louis MO

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.