

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43617

State File No.

FILED DEC 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11085**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	c. LENGTH OF STAY (In this place) 20 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5925A PAGE BLVD.		d. STREET ADDRESS (If rural, give location) 6 5925A PAGE BLVD	

3. NAME OF DECEASED (First) (Middle) (Last) CHARLES J. MACAULEY			4. DATE OF DEATH (Month) (Day) (Year) NOV. 29-1952		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV-27-1871		9. AGE (In years last birthday) 81 If under 1 year: Months _____ Days _____ If under 6 mos: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYER		10b. KIND OF BUSINESS OR INDUSTRY LAW	11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME EDWARD MACAULEY		13b. MOTHER'S MAIDEN NAME MARY J. CARPENTER		14. NAME OF HUSBAND OR WIFE JOSEPHINE MACAULEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ms Josephine Macauley - 5925a Page Bl	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH yes yes yes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from **Jan**, 1950, to **Nov. 29**, 1952, that I last saw the deceased alive on **Nov. 29**, 1952, and that death occurred at **11 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald A. Munsch M.D.		23b. ADDRESS 334 Mummer Clayton Mo		23c. DATE SIGNED 11-29-52
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Nov 30-1952	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) BRUSSELS, Ill	

DATE REC'D BY LOCAL REG. DEC 2 1952	REGISTRAR'S SIGNATURE Charles Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE L. MULLEN	ADDRESS U.M.A. Co., DELMAR BL
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(Licensed Embalmer's Statement on Reverse Side)

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 *M. W. Rueter* _____

Licensed Embalmer No. *4865* _____

P. O. Address. *St. James, 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.