

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30685**

FILED AUG 25 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2143

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>2239</u> OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>1612^a S. Seventh Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Normandy Osteopathic Hospital</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>MACK</u> b. (Middle) <u>JAMES</u> c. (Last) <u>MC CAULEY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 4 - 1953</u>	5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>
8. DATE OF BIRTH <u>AUG. 18 1891</u>	9. AGE (In years last birthday) <u>61</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>1612^a S. 7th</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James M. McCauley</u>	
13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE Duvalle</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>YES WAR I</u>		16. SOCIAL SECURITY NO. <u>489-14-3006</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Alice Hale</u>		ADDRESS <u>1612^a S. 7th</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) <u>glomerulo-nephritis - uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Ca of prostate</u>		?
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>197X</u>		

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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 31, 1953, to Aug 4, 1953, that I last saw the deceased alive on August 4, 1953, and that death occurred at 12:21 m., from the causes and on the date stated above.

23a. SIGNATURE D. J. Trufalith (Degree or title) 2 23b. ADDRESS 1800 A Lafayette Ave 23c. DATE SIGNED 8/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE AUG. 7 1953 24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEM. 24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO

DATE REC'D BY LOCAL REG. 8-4-53 REGISTRAR'S SIGNATURE Herbert R. Danaher 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Garvia

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Howard E. Dill

Signed.....

Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Howard

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.