

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1953

State File No. **37075**  
Registrar's No. **9830**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>37075</b>		Registrar's No. <b>9830</b>					
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</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>			2079				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>(NEW) FAITH Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5926 Sherey Ave.</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) <b>L.</b>			c. (Last) <b>Caffrey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 13 1953</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 22 1886</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisor</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Laclede Gas Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Caffrey</b>				13b. MOTHER'S MAIDEN NAME <b>Margaret Harrington</b>				14. NAME OF HUSBAND OR WIFE <b>Kate M. Caffrey</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. John Caffrey 5926 Sherey Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritonitis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b> ANTECEDENT CAUSES DUE TO (b) <b>Carcinoma of Bile duct</b> <b>6-12 mo.</b> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic heart disease</b>									
19a. DATE OF OPERATION <b>9/3/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Bile duct &amp; metastases</b>						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? <b>155X</b>											
22. I hereby certify that I attended the deceased from <b>Aug 1, 1953</b> , to <b>Oct. 13, 1953</b> , that I last saw the deceased alive on <b>Oct 13, 1953</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>M. A. Cassel M.D.</b>				23b. ADDRESS <b>2801 N. Taylor</b>				23c. DATE SIGNED <b>10/14/53</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-16-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Catwary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>							
DATE REC'D BY LOCAL REG. <b>OCT 15 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>M. J. McEnearl Funeral Home 5541 Riverview Bl.</b>							

(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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St. Louis

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.