

STANDARD CERTIFICATE OF DEATH

FILED OCT 26 1954

State File No. ....

No. 300  
10-48

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8418

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY			
b. CITY OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <i>City Hosp</i>		e. STREET ADDRESS (If rural, give location) <i>2202 Warren St</i>			
3. NAME OF DECEASED (Type or Print) <i>Timothy J. McAuliffe</i>		a. (First) <i>Timothy</i> b. (Middle) <i>J.</i> c. (Last) <i>McAuliffe</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>9 12 54</i>	
5. SEX <i>M</i> 6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>Aug 22 1907</i>	
9. AGE (In years last birthday) <i>47</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bell Op. Capt.</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>Lennox Hotel Emp.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John M. McAuliffe</i>		13b. MOTHER'S MAIDEN NAME <i>Katherine Brumback</i>		14. NAME OF HUSBAND OR WIFE <i>Frances McAuliffe</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>490-12-1277</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Frances McAuliffe 2202 Warren St.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Fracture of Skull. Brain Injury</i>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			DUE TO (b) <i>Car operated by deceased &amp; car operated by Dale.</i>
		DUE TO (c) <i>Skiffing at intersection of Birch &amp; Barr St. about 2:20 A.M. Sept. 11 1954</i>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>		20. AUTOPSY?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>See above</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>9-11-54-2:20 A.M.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>See above</i> <i>E8164</i>	
22. I hereby certify that I attended the deceased from <i>an</i> <i>19</i> to <i>1954</i> , that I last saw the deceased alive on <i>9/11/54</i> , and that death occurred at <i>4:25 P.M.</i> from the causes and on the date stated above. <i>20</i>					
23a. SIGNATURE (Degree or title) <i>Patrick E. Taylor Coroner</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>9/14/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremated</i>		24b. DATE <i>9/15/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Famel Hill Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Robert D. Lineally 2228 St. Louis Ave</i>			
DATE REC'D BY LOCAL REG. <i>SEP 14 1954</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

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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 ..... Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *J. Allen Davis*

Licensed Embalmer No..... *46*

P. O. Address..... *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.