THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6984

STATE FILE NUMBER

FILED FEB 26 1957

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 150

1. PLACE OF DEATH
a. COUNTY St.Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 33 St.Mary's Hospital — Length of stay in Hospital 1-mon.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St.Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 5 6155 Westminster Pl. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Virgil Middle: L. Last: McCaffery
4. DATE OF DEATH Month Jan. Day 17 Year 1957
5. SEX M.
6. COLOR OR RACE W.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 5, 1903
9. AGE (In years last birthday) 53
IF UNDER 1 YEAR: Months 8 Days 12 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier, Probate Court
10b. KIND OF BUSINESS OR INDUSTRY St.Louis
11. BIRTHPLACE (City and state or country) St.Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Harry C. McCaffery
14. MOTHER'S MAIDEN NAME Elicia Hynes
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494-36-7224
17. INFORMANT Mrs. Dorothy Irene McCaffery, Address 6155 Westminster Place

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH 8 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5810
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Aug. 1949, to Jan. 1957 and last saw her/him alive on Jan. 17, 1957
Death occurred at 7 pm. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Jno. C. MacDonald M.D.
22b. ADDRESS 539 N. Grand Blvd
22c. DATE SIGNED 1-19-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Jan. 21, 1957
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St.Louis, Missouri
24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 3840 Lindell Blvd.
25. DATE RECD. BY LOCAL REG. 1-19-57
26. REGISTRAR'S SIGNATURE Herbert R. Donke MD mc

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Francis William

Licensed Embalmer No. 35

P. O. Address 384 Fa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.