

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 10 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Township

City St. Louis, MoRegistration District No. 791Primary Registration District No. 1003(No. 3339 Belt Ave.

46739

File No. 12536

Registered No.

St. Ward)

2. FULL NAME Ellen Mc Cauley(a) Residence, No. 3339 Belt Ave.St. 6

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

(OR) WIFE OF

The Late James A. Mc Cauley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 3rd., 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

76818

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Louis, Mo.

FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Mr. Ben. Mc Cauley
3339 Belt Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE CalvaryDATE Dec., 24th., 36

19. UNDERTAKER (ADDRESS)

Atwater & Carroll Ind Co
4600 National Bridge Ave

20. FILED

DEC 22 1936
J. F. Brebeck
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec., 21st Mon. 193622. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1936, to Dec 21, 1936I last saw him alive on Dec 31, 1936 Death is saidto have occurred on the date stated above, at 3.05 P.m.

The principal cause of death and related causes of importance were as follows:

chr. Myocarditis
Arteriosclerosis

Date of onset

Oct 6.
1936

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo A Mellies, M. D.(Address) 274 3rd Grand Blvd.

