

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0008978

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 503

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

VS 300
Rev. 4/59

1 4003

2 4006

3

4 0

5 0

6

7 0

8 2

9 332X

10

11

12 44-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED 19 64

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b 6 weeks	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph		d. STREET ADDRESS (If outside, give location) 7420 Bland Dr.	
3. NAME OF DECEASED (Type or print) First Benjamin J. Middle CAULEY Last		4. DATE OF DEATH February 8 1964	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 31 1886
9. AGE (last birthday) 77		10. BIRTHPLACE (City and state or country) St Louis Mo.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grain trader		12. KIND OF BUSINESS OR INDUSTRY Self Employed	
13a. FATHER'S NAME James McCAULEY		13b. MOTHER'S MAIDEN NAME Ellen Clark	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		15. SOCIAL SECURITY NO. 494-42-0258	
16. INFORMANT Mrs E.H. Gray		17. ADDRESS University City Bland Dr. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastric ulcer with Hemorrhage DUE TO (b) Cerebral Thrombosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Dec. 1960 to Feb 8, 1964 and last saw him alive on Feb 7, 1964 Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles E. Hogancamp, M.D.		22b. ADDRESS 135 W. Adams Ave, Kirkwood, Mo.	
22c. DATE SIGNED Feb 8, 1964		23. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-10-1964	
23c. LOCATION (City, town, or county) St Louis		23d. STATE Mo.	
24. FUNERAL DIRECTOR Bopp Chapel Kirkwood, Mo.		25. DATE RECD. BY LOCAL REG. 2-10-64	
26. REGISTRAR'S SIGNATURE J. H. Murphy		27. DATE Feb 8, 1964	

(Licensed Embalmer's Statement on Reverse Side)

9748000

49 E10311737

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 Herbert J. Sen Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22, Mo.

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.