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.

REC'D JUN 12 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

16729
Do not use this space.

1. PLACE OF DEATH
(a) County 2 Registration District No.
(b) Township Primary Registration District No. Registered No. 4263
(c) or City ST. LOUIS (d) Street No. 2726 ARMAND PL. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 240 HARRY T. McGAULY
(a) Residence, No. 2726 ARMAND PLACE St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word): MARRIED
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ BESSE U. McGAULY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 28-1878
7. AGE: YEARS 61 MONTHS 0 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SPECIAL AGENT
9. Industry or business in which work was done, as saw mill, bank, etc. MO. PACIFIC
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 PETER McGAULY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

MOTHER
15. MAIDEN NAME MARY BUM.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

17. INFORMANT (ADDRESS) BESSE U. McGAULY 2726 ARMAND PL.
18. BURIAL, CREMATION, OR REMOVAL PLACE NATL. CEM. JEFFERSON BR. DATE MAY 10 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Schnur 3125 Lafayette av.
20. FILED MAY 8 1939 J. B. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 7 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1934, to May 7, 1939
I last saw him alive on May 7 1939 Death is said to have occurred on the date stated above, at 2A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
arteriosclerotic heart disease	

Other contributory causes of importance:
Generalized arteriosclerosis
amputated left leg - mid-thigh

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO

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? NO
If so, specify
(Signed) [signature], M. D.
(Address) Mo. Pac Hospital

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jos B. Vollma

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave

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

If this body is not embalmed, above space should be left blank.