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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30133

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7410

OCT 25 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1815 Kennett Pl.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community 38 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 23
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1815 Kennett Pl. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Marie McCauley
3. (b) If veteran, name war ----
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Isaac J. McCauley
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased April (Month) 25, (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
65	4	6	hr. min.

9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Home 1
11. Industry or business 9
FATHER
12. Name Lewis Griffin
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Lewis J. McCauley
(b) Address 1815 Kennett Pl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/40 (Month) (Day) (Year)
(c) Place: burial or cremation N. St. Marcus
18. (a) Signature of funeral director Wacker-Helderle
(b) Address 2331 S. Broadway
19. (a) SEP 3 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1 year 1940 hour 2 minute 30 p. M.
21. I hereby certify that I attended the deceased from July 1, 1938 to Sept. 1, 1940 that I last saw him alive on Sept. 1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Heart attack	
Due to	
Other conditions Hypertension. Obesity. Hyperthyroidism (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work?
(e) Means of injury

23. Signature O. H. Mayer (M. D. or other)
Address 3606 Gravois Date signed 9-3-40

(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 Robert Cwheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.