DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30218

Registration District No. 791 1 | Primary Registration District No. 1003 | Registrar's No. 7495

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: Firmin DesLoge Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community Since 1896

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4038 a Folsom Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James McCawley

3. (b) If veteran name war S.S. 492-12-9465 3. (c) Social Security No. none

4. Sex male | 5. Color or race white | 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Erin Tracy McCawley

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 4 1874 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	3	1	hr. min.

9. Birthplace County Roscommon (City, town, or county) Ireland (State or foreign country)

10. Usual occupation Clerk

11. Industry or business P.W.A.

FATHER 12. Name Anthony McCawley

13. Birthplace County Roscommon (City, town, or county) Ireland (State or foreign country)

MOTHER 14. Maiden name Cecelia Clifford

15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Erin Tracy McCawley

(b) Address 4038 a Folsom Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thomas J. Kinsella

(b) Address 1519 South Grand Blvd.

19. (a) SEP 6 1940 (Date received local registrar) (b) J. P. Frederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 year 1940 hour 30 minute a M.

21. I hereby certify that I attended the deceased from July, 1940, to Sept 5, 1940, that I last saw him alive on Aug 29th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ca. Esophagus	8 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy Ca Esophagus, liver + lungs

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 P. D. Connole (M. D. or other) M.D.

Address 4952 Maryland Date signed 9-5-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 8-17-39 I X19511

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 John Fetter

Licensed Embalmer No. 3880

P. O. Address.....

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