

Registration District No. 791Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County Missouri
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 Days
 (Specify whether
 In this community Life Time
 years, months or days)

3. (a) PRINT FULL NAME Peter McGauley3. (b) If veteran,
name war3. (c) Social Security
No. None4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Laura Mc. Gauley6. (c) Age of husband or wife if
alive 44 years7. Birth date of deceased Dec. 15,
(Month) (Day) (Year)1862

8. AGE:

Years

Months

Days

If less than one day

78211

hr.

min.

9. Birthplace St. Louis
(City, town, or county)Missouri
(State or foreign country)10. Usual occupation Laborer

11. Industry or business

12. Name James Mc. Gauley13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant Laura Mc. Gauley(b) Address 1004A Lynch17. (a) Burial (b) Date thereof Feb. 28, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Stroot Carroll(b) Address 4600 Natural Bridge19. (a) FEB 27 1941 (b) J. W. Breddek
(Date recorded locally) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
 (c) City or town St. Louis 9
 (If outside city or town limits, write "RURAL")
 (d) Street No. 119 East Grand Ave.
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26,
year 1941 hour 4 minute 00 A.M.21. I hereby certify that I attended the deceased from 2/5/41
_____, 19____, to 2/26/41, 19____;that I last saw him alive on 2/26/41, 19____,
and that death occurred on the date and hour stated above.Immediate cause of death Hypertrophied
prostateDue to Bilateral Pyelonephritis
with calculi

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 137aOf autopsy None

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work? _____ (Specify type of place) (e) Means of injury D23. Signature A. J. McDonald (M. D. or other) _____
Address 1515 Lafayette Date signed 2/26/41

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 Sheldon Collier
Licensed Embalmer No. 3382
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, fact should be so stated above.