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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 15375

Registrar's No. 3860

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:
3536a Wyoming
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")

(d) Street No. 3536a Wyoming
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jane McGauley

3. (b) If veteran, name war no

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 James J McGauley

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

7. Birth date of deceased Sept. 27 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER

12. Name Thomas Welby

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary McDonough

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Julia McGauley

(b) Address 3536a Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/47 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director E. J. Schnur

(b) Address E. J. Schnur 3125 Lafayette

19. (a) APR 12 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1947 hour 2:05 minute A M.

21. I hereby certify that I attended the deceased from April 1 1944 to April 10 1947 that I last saw her alive on April 10 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death uremia	
Due to Cardiac asthma	
Due to Cardiac and Vascular Syndrome	
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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

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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 0

23. Signature Elwyn P. Scott (M. D. or Other)

Address 3258 Lafayette Date signed 4-12-47

(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 Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette ave 4

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.