

No. 300
10-48

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17369
Registrar's No. 1164

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Clayton		c. CITY OR TOWN Pine Lawn	
c. LENGTH OF STAY (in this place) D.O.A.		415 / 1 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) 3910 Beachwood	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) F.	c. (Last) Caffray	4. DATE OF DEATH (Month) (Day) (Year) May 16 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 14, 1909	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 2	Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker-Pastry	10b. KIND OF BUSINESS OR INDUSTRY Club	11. BIRTHPLACE (City and State or Foreign Country) Scotland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Caffray	13b. MOTHER'S MAIDEN NAME Jane Fell	14. NAME OF HUSBAND OR WIFE Marie Caffray
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) W.W. # 2	16. SOCIAL SECURITY NO. 489-07-8013	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Caffray	ADDRESS 3910 Beachwood
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) from suffocation due to aspiration of stomach contents into the lung airway. Body DUE TO (b) was found by Henry Heintz in a grease barrel outside the kitchen on the Westwood Country Club grounds. This was a metal barrel and was covered with a metal lid. Body removed to County Hospital by BOPP		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION AMBULANCE.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Country Club Grounds Rural	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) May 17, 1954 p. 12:00	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? SUFFOCATION DUE TO ASPIRATION OF STOMACH CONTENTS INTO LUNGS.
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Donald J. Willmann</i> Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 5-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5-20-54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 5-19-54	REGISTRAR'S SIGNATURE <i>Herbert R. Donke</i>	25. GENERAL DIRECTOR'S SIGNATURE <i>L. B. Tanner</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SW

(Licensed Embalmer's Statement on Reverse Side)

6107
Natural Bridge

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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *John S. Penner*

Licensed Embalmer No. *419*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.