

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

15120

15387

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 4944 Page 14) St. .... Ward)

**2. FULL NAME**

Harry C. McCaffery  
 (a) Residence. No. 4944 Page 14 St. 18 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Elicia McCaffery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 4 25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Specia Clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer) U. S. Government  
 (c) Name of employer Retired

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

10. NAME OF FATHER John McCaffery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Jane Maguire

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT D. J. J. McCaffery (Address) 4944 Page 14

15. FILED 21 1928 May C. Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 19 1928

17. I HEREBY CERTIFY That I attended deceased from April 17, 1928 to April 19, 1928 that I last saw him alive on April 17, 1928, and that death occurred on the date stated above, at 11 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho Pneumonia  
Metastatic  
Cerebral Hemorrhage  
Apoplexy

CONTRIBUTORY (SECONDARY) Apoplexy (duration) yrs. mos. da. 7 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. NO

DID AN OPERATION PRECEDE DEATH. NO DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS. Chemical  
 (Signed) J. M. Pittman, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cadwary Cemetery DATE OF BURIAL Apr 21 1928

20. UNDERTAKER Callaway Bros ADDRESS 11104 Grand St.

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. J. H. H. H.

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Taylor + H. H. H.