

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

Do not use this space.

15114

15381

1. PLACE OF DEATH

Comly.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 5600 Arsenal)

File No.

Registered No. 4315

St. Ward)

2. FULL NAME

(a) Residence. No. 1339 S. 6th St., 22 Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 3 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 6 16

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Plumber (b) General nature of industry, business, or establishment in which employed (or employer) Journeyman (c) Name of employer Wm. Gasteels

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

10. NAME OF FATHER Jerry Cahill

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

12. MAIDEN NAME OF MOTHER atherine McEwan

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

14. INFORMANT Mary Gasteels (Address) 2519 Madison St

15. FILED APR 21 1928 New C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/19/28 19

17. I HEREBY CERTIFY That I attended deceased from Apr - 12, 1928, to Apr - 19, 1928 that I last saw him alive on April 19, 1928, and that death occurred, on the date stated above, at 2:50 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Meningitis, Simple 2370 791 Type undetermined

(duration) 0 yrs. 0 mos. 13 da.

CONTRIBUTORY (SECONDARY) Puberculosis, Chronic Pul Monary (duration) ? yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not known

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) Benjamin Harrison, M.D. 4/19, 1928 (Address) ISOLATION HOSPITAL

*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 Cedar DATE OF BURIAL Apr 21 1928

20. UNDERTAKER Wm Gasteels ADDRESS 728 Grand

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. 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.

