

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

Do not use this space.

1. PLACE OF DEATH

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County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. St. John's Hospital)

File No. 4033
Registered No. 1076
St. Ward)

2. FULL NAME Stella Cahill

(a) Residence, No. 736 Westgate St. NR Ward. 11. City Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Andrew Cahill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1882

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	54	8	28	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>House work</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Home</u> <u>130</u>
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 17</u>	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) 1

13. NAME James Fitzgerald

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 15

15. MAIDEN NAME Julia Daily

16. BIRTHPLACE (CITY OR TOWN) Vicksburg Miss. (STATE OR COUNTRY) 2

17. INFORMANT Andrew Cahill (ADDRESS) 736 Westgate

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 25, 1937

19. UNDERTAKER Callahan Kelly (ADDRESS) 1516 N. Taylor

20. FILED JAN 25 1937 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23rd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1937, to Jan 23rd, 1937

I last saw him alive on Jan 23, 1937. Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 1/23/37

Other contributory causes of importance: 108

Name of operation Chinnet Date of Jan
What test confirmed diagnosis? Chinnet Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Harry B. Greer M. D.
(Address) 4925 Delmont

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.

