JAN 10 1938

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

Do not use this space.

43050

File No.

Registered No. 11300

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. , City Sanitarium St. Ward)

2. FULL NAME Agnes Mc Cahill

(a) Residence, No. 963 Goodfellow St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1867

7. AGE — YEARS: About 70 — MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): William T. Gentry M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Dec. 9, 1937

19. UNDERTAKER (ADDRESS): Cullen & Kelly 1416 N. Taylor

20. FILED DEC 8 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-37, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-4-37, 19, to 12-7-37, 19. I last saw her alive on 12-7-37, 19. Death is said to have occurred on the date stated above, at 10:20 A.M. The principal cause of death and related causes of importance were as follows:

Pulmonary Artery Thrombosis 12-7-37x

Other contributory causes of importance: Arteriosclerosis 10-4-37x

Date of onset

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) William T. Gentry, M. D.

(Address) 5400 Arsenal 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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

X9314

STATEMENT BY LICENSED EMBALMER

I.....Clement..Mc.Neary..... ..Licensed Embalmer No. 37
hereby certify that the body recorded on the reverse side of this
certificate was embalmed by me.

Signed Clement McNeary
Licensed Embalmer No. 3732