

JAN 10 1938

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

43740

Do not use this space.

791 2  
1003 1

Registered No. 11990

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. 2209 Hebert St. ..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Phillip J. Cahill  
(a) Residence, No. 2209 Hebert St. St. 20  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Delia Cahill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13, 1859</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>9</u>
		DAYS <u>14</u>
	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Plumber</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>78</u>	
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alton Ills.</u>		
FATHER	13. NAME <u>James Cahill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Catherine McCormick</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27, 1937 19  
22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1937, to Dec. 27, 1937  
I last saw him alive on Dec. 26, 1937 Death is said to have occurred on the date stated above, at 5:00 pm.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

*[Signature]*

Other contributory causes of importance:

Atherosclerosis

Name of operation None Date of .....  
What test confirmed diagnosis Cholesterol 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.  
(Signed) Anthony A. Prekerich M. D.  
(Address) 1525a Cass Ave.

17. INFORMANT James C. Cahill  
(ADDRESS) 454 Dickson St. Kirkwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cem. DATE Dec. 29, 1937

19. FUNERAL DIRECTOR Arthur J. Donnelly Undt. Co.  
(ADDRESS) 3840 Lindell Blvd.

20. DEC 29 1937 19.....  
J. Bredeck  
Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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