

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

16515
Do not use this space.

1. PLACE OF DEATH 791
1003

(a) County 2 Registration District No. 791

(b) Township St. Louis Primary Registration District No. 1003

(c) City St. Louis (d) Street No. 3914 N. Market St. Registered No. 4049

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 400 William P. Cahill

(a) Residence, No. 3914 N. Market St. St. 11 (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

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>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cora Cahill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 5, 1878</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>2</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Horseshoer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	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>St. Louis Mo. 10</u>		
FATHER	13. NAME <u>John J. Cahill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland 5</u>	
MOTHER	15. MAIDEN NAME <u>Mary Mc. Cabe</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>John Cahill 3914 N. Market St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter & Paul's</u> DATE <u>5-3-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Cullinane Brothers 1710 N. Grand Blyd.</u>		
20. FILED <u>MAY 2 1939</u> <u>J. B. Brudick</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939 1939

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1939 to May 1, 1939

I last saw him alive on May 1, 1939 Death is said to have occurred on the date stated above, at 4.50 A.M.

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

Carcinoma of tongue, with metastases to neck, shoulder and lungs

Date of onset 1932

Other contributory causes of importance:

Name of operation Several in 1938 & 1939 Date of NO

What test confirmed diagnosis? Lau & Co. findings 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) J. B. Brudick, M. D.
 (Address) 3800 So. Broadway

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Fred Frick

Licensed Embalmer No. _____

3186

P. O. Address _____

St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.