

REGD AUG 11 1939  
Registration District No. 791  
1008

Primary Registration District No. \_\_\_\_\_

Registrar's No. 6585

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1mo - 6 days  
(Specify whether \_\_\_\_\_)  
In this community unknown  
years, months or days

3. (a) PRINT FULL NAME Nellie Caho

8. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William J. Caho 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 4, 1889  
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Puxico Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name David Allen

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name El Vora Harris

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. F. Morgan

(b) Address 6639 Idaho, St. Louis, Mo.

17. (a) removal (b) Date thereof July 29, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chester, Illinois

18. (a) Signature of funeral director Chapman & Co.  
(b) Address 724 Broadway, St. Louis, Mo.

19. (a) JUL 26 1939 (b) J. D. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6639 Idaho Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day July  
year 1939 hour 5:13 minute A. M.

21. I hereby certify that I attended the deceased from 6/21/39  
\_\_\_\_\_, 19\_\_\_\_, to 7/26/39, 19\_\_\_\_;  
that I last saw her alive on 7/26, 19\_\_\_\_.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Spongio blastoma multiformis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Cranium, frontal

Of operations Cere tumor

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature Marshall W. Kelly (M. D. or other)

Address City Hospital Date signed \_\_\_\_\_

WHILE FILLING IN USE UNFADING BLACK INK—MAKE 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

*Linus C. Hoffmeister*

Licensed Embalmer No.

*3871*

P. O. Address

*784 So. Broad*

**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.**