

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
**1003**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JUL 2 1940  
Registration District No. **791**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: Central Hospital  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Francis P. Cahill 407

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. NONE

4. Sex Male 5. Color or race WL 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary L. Cahill 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July 4th 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 10 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Teamster

11. Industry or business Retired by sickness

12. Name John Francis Cahill

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

14. Maiden name Caroline Frances Devlin

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

16. (a) Informant's own signature Mary L. Cahill

(b) Address 3703 Sullivan Ave.

17. (a) Burial (b) Date thereof 5-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Provoost Ind. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) MAY 21 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 10  
(If outside city or town limits, write "RURAL") \_\_\_\_\_  
(d) Street No. 3703 Sullivan Ave.  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th  
year 1940 hour 6.15 minute A. M.

21. I hereby certify that I attended the deceased from April 16 - 1937, 19\_\_\_\_, to May 20 - 1940, 19\_\_\_\_, and that death occurred on the date and hour stated above.

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

Due to Chronic myocarditis

Due to auricular aneurysm

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations adhesion of bowels

Of autopsy yes

By Dr. J. Roberts

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence none

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury heart

28. Signature Dr. H. F. Harman (M. D. or other)

Address 2243 51st Street Date signed 5-20-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
Form 1 X-1551

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.

M. J. Hamann  
2743 N. Grand  
1200-11  
2-4

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

Signed A. A. Smothers  
Licensed Embalmer No. 3916  
P. O. Address 3710 N. Grand Bl

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.