

FILED MAY 19 1942 791  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

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

Primary Registration District No. 1003

Registrar's No. 4118

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3514 Hawthorne  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ~~X8~~  
(c) City or town Kansas City ~~NR 3~~  
(If outside city or town limits, write "RURAL") ~~8~~  
(d) Street No. 912 Holmes Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? abt. 70 years

3. (a) PRINT FULL NAME Bridget Cuigley

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Wm. Cuigley 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dont Know  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
abt. 80 hr. min.

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

10. Usual occupation none

11. Industry or business at home

MOTHER FATHER { 12. Name James White

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

14. Maiden name Helen Ryan

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

16. (a) Informant Mrs. Geo. Schiffner  
(b) Address 3514 Hawthorne Place

17. (a) \_\_\_\_\_ (b) Date thereof May 11-42  
(Month) (Day) (Year)

(c) Place: burial Baring m d

18. (a) Signature of funeral director Thos J. Suran  
(b) Address 1519 South Grand Blvd

19. (a) MAY (b) J. F. Bredon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9<sup>th</sup>  
year 1942 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from July 15<sup>th</sup>  
1941 to May 9<sup>th</sup> 1942  
that I last saw her alive on May 8<sup>th</sup> 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of Liver 1 year  
Due to Primary in liver  
Carcinoma Gall Bladder 1 year

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) H/O

Major findings: \_\_\_\_\_  
Of operations H/O  
Of autopsy \_\_\_\_\_

Duration  
Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_

23. Signature Albert Weisbach (M. D. or other) MD  
Address 3548 S. Grand Date signed 5-11-42

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

**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 *Thomas J. Fuman*

Licensed Embalmer No. *1197*

P. O. Address *St. Louis*

**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.**