V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

35243

State File No.

Registrar's No. 7511

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

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: ST. JOHNS HOSPITAL
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 5 YEARS (Specify whether years, months or days)
In this community 60 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County 000 17
(c) City or town ST. LOUIS 918
(If outside city or town limits, write "RURAL")
(d) Street No. ST. JOHNS HOSPITAL
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CATHERINE A. CAHILL
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, married, widowed, divorced WIDOW
6. (b) Name of husband or wife WILLIAM L. CAHILL
6. (c) Age of husband or wife if alive years
7. Birth date of deceased UNKNOWN (Month) (Day) 1869 (Year)

8. AGE: Years 73 Months UNKNOWN Days If less than one day hr. min.

9. Birthplace IRELAND (City, town, or county) (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER 12. Name JOHN NAUGHTON
13. Birthplace IRELAND (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARY ORMSBY
15. Birthplace IRELAND (City, town, or county) (State or foreign country)
16. (a) Informant REV. RICHARD A. CAHILL S.J.
(b) Address 221 N. GRAND BLVD.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) SEP 9 1942 (Date received local registrar) (b) J. F. Buedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 8. year 1942 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from 6-4-38, 19..., to 9-8, 1942 that I last saw her alive on 9-8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Uremia
(2) Chronic Cardio-Vascular Renal Disease
Due to Chronic Pyelonephritis, Non-Calculous
Due to
Other conditions (Include pregnancy within 3 months of death) 131 a
Major findings: Of operations 121
Of autopsy

Duration

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Robert F. Hickey (M.D. ~~Coroner~~)
Address 634 No. Grand Date signed 9/8/42

844 (Licensed Embalmer's Statement on Reverse Side)

Dr Robert Hickey
Mo Theatre Bldg
130 Pa

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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, fact should be so stated above.