U. S. No. 2
10M—5-42
Rev. 5-17-43
Form I X-12

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1943

Registration District No. 984

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 900

State File No. 11344

Registrar's No. 674

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

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Adm. Mar. 19, 1943.
(Specify whether years, months or days)

In this community: unknown.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000 17

(c) City or town: St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No.: 3538 Olive Street
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country: -

3. (a) PRINT FULL NAME: James P. Cahill

3. (b) If veteran, name war: World War #1

3. (c) Soc. Sec. No.: 491-20-0220 Yes - not remembered.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced 3

6. (b) Name of husband or wife: -

6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased: November (Month) 13, (Day) 1887 (Year)

8. AGE: Years 55 | Months 4 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Rat Exterminator

11. Industry or business: City of St. Louis

MOTHER FATHER

12. Name: John Cahill

13. Birthplace: (City, town, or county) Ireland (State or foreign country) 4

14. Maiden name: Anne Comfort

15. Birthplace: (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant: Alice Gelovigs

(b) Address: Clinical Clerk, VAF, Jeff Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 3-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation: CALVARY CEMETERY

18. (a) Signature of funeral director: Arthur J. Donnelly

(b) Address: 3846 Lindell Blvd.

19. (a) MAR 23 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st, year 1943 hour 4:30 minute P.M.

21. I hereby certify that I attended the deceased from March 19, 1943 to March 21, 1943 that I last saw him alive on March 21, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cirrhosis of Liver, (alcoholic).	Unkn.
Due to -	
Due to -	
Other conditions (Include pregnancy within 3 months of death): Pneumonia, bronchial, left lower lobe, terminal, no typing.	Abt. 2 days.

Major findings: Of operations: No operation.

Of autopsy: No autopsy.

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): no

(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: Means of injury:

23. Signature: L. M. COCHRAN, M.D. (M. D. or other)

Address: Chief Medical Officer. Date signed 3/22/43

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.