S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22874

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6535

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St Louis 96
(c) City or town ~~St Louis~~ 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7267 Natural Bridge
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) NR
If yes, name country

3. (a) PRINT FULL NAME Andrew J. Cahill

3. (b) If veteran, name war No

3. (c) Social Security No. 488-01-5282

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Stella M

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

7. Birth date of deceased Aug (Month) 19 (Day) 1878 (Year)

8. AGE: Years 65 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation Maintenance Supervisor

11. Industry or business Scrugg-Vandervoort-Barney

FATHER
12. Name Patrick Cahill
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Nellie Walsh
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Catherine Lammers
(b) Address 7267 Natural Bridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 4386 Lindell Blvd.

19. (a) JUL 25 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1944 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from 3-12, 1940 to 7-24, 1944; that I last saw him alive on 7-23, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death ~~[illegible]~~ Pneumonitis, Left Chronic Leucemia

Due to Chronic Myocarditis

Due to Uremia

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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

23. Signature W. E. Moore (M. D. or other) MD
Address 7301 Natural Bridge Date signed 7-24-44
Rd Normandy Mo

(Licensed Embalmer's Statement on Reverse Side)

Sort.
Leave in Rec
Rice office. Sit
get it in morning.
Jim

AUG 24 1944

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 Clement McNeary

Licensed Embalmer No. 3732

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, fact should be so stated above.