

7. S. No. 2
DOM-5-43
ev. 5-17-37
X36871

FILED OCT 24 1944
Registration District No. 20

Primary Registration District No. 4467

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Volley Park Rural
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis

(c) City or town Volley Park RR#1
(If outside city or town limits, write "RURAL")

(d) Street No. Fenton Hills
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Matthew S. Cahill

3. (b) If veteran name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16 1944
year 1944 hour 9 minute - A.M.

21. I hereby certify that I attended the deceased from October, 1940, to October 16, 1944
that I last saw him alive on Oct. 15, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dora Pearl Cahill

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

7. Birth date of deceased Jul 22 - 1867
(Month) (Day) (Year)

Immediate cause of death: Cerebral Hemorrhage

Due to Arterio-sclerosis

Due to Chronic nephritis - senility

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>7</u>	<u>24</u>	_____ hr. _____ min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo. in

10. Usual occupation Retired

11. Industry or business _____

12. Name Edgar Cahill

13. Birthplace _____ (City, town, or county) (State or foreign country) Mo. in

14. Maiden name Mary Phelps

15. Birthplace _____ (City, town, or county) (State or foreign country) Mo. in

16. (a) Informant Edgar Cahill

(b) Address Volley Park RR#1

17. (a) Burial (b) Date thereof 10-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Residence Mo.

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? _____

18. (a) Signature of funeral director Denis Murphy

(b) Address St. Louis Mo.

19. (a) OCT 18 1944 (b) E. S. McLawrence M.D.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Clara M. Seibert (M. D. or other) MD

Address Volley Park Mo. Date signed 10/16/44

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..... *Felix Duand*.....
Licensed Embalmer No..... *3034*.....
P. O. Address..... *Kirkwood MO*.....

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.