. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 24 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25491

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 7104

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: 5939 Washington Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St.Louis 175
(If outside city or town limits, write "RURAL")

(d) Street No. 5939 Washington Blvd. 9
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William A.Cahill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced S. 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov.16th.,1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Olney Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business

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

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

16. (a) Informant Miss Julia Ann Cahill
(b) Address 5939 Washington Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-45
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) AUG 13 1945 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12th., year 1945 hour 7 minute 30 am M.

21. I hereby certify that I attended the deceased from Jan. 18 44, 19 , to Aug 12, 1945; that I last saw him alive on Aug 10, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to Arteriosclerosis 93

Due to

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 L. F. Hayden (M.D. or other) M.D.

Address 5899 Delmar Date signed 8/13/45

(Licensed Embalmer's Statement on Reverse Side)

5899 Delmar Blvd. Ca. 72011

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.