V. S. No. 2
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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 12 1945

State File No. 35120

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10598

1. PLACE OF DEATH:

(a) County St.Louis

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

(c) Name of hospital or institution: #20 Thornby Place (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. #20 Thornby Place (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mary E.Cashman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F.

5. Color or race W.

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

6. (b) Name of husband or wife John Cashman

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

7. Birth date of deceased Sept.8th.,1862 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	2	28	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name William E.Gilker
13. Birthplace (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Mary Lynes
15. Birthplace (City, town, or county) Va. (State or foreign country)

16. (a) Informant Mrs.B.F.Hufft

(b) Address Gatesworth Hotel

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-45 (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) DEC 6 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th., year 1945 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from Jan 15 45 to Dec 6 1945 that I last saw her alive on Dec 2 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerosis

Due to

Due to Senility (age 83)

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 F. G. Pennand M.D. (M. D. or other)

Address 3115 So. Grand Date signed 12/6/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. G. Pernond
3115 S. Grand.

10-12

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.