

No. 2
12-45
-17-39
X47070

FILED FEB 3 1948

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

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

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

3. (a) PRINT FULL NAME Daniel M. Cahill

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rachel Butler Cahill

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 11 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61	7	12	hr. min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Police Officer

11. Industry or business _____

12. Name Patrick Cahill

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

14. Maiden name Elizabeth Kirk

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Rachel Cahill

(b) Address 4739 St. Louis Ave.

17. (a) Burial (b) Date thereof 1/27/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) JAN 24 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 4739 St. Louis Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1947 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from January 19, 1947, to January 23, 1947;
that I last saw him alive on January 23, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral embolism left. Duration 2 1/2 hrs.

Due to auricular fibrillation 1-2 years

Due to hypertensive heart disease 1-2 years

Other conditions none

Major findings: Of operations no operations

Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward P. Redmond (M. D. or other) _____

Address 462 No. Taylor St. Louis Mo Date signed 1-24-47

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

male

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 *Ben C. Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *St. Louis, 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.