

FILED NOV 12 1948 **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS MO

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

(c) Name of hospital or institution: 2658 NEBRASKA  
(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

3. (a) PRINT FULL NAME EMMA CASHEL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAY 4 1876  
(Month) (Day) (Year)

8. AGE: Years 72 Months 5 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED BOOK BINDER

11. Industry or business \_\_\_\_\_

12. Name MICHAEL CASHEL

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

14. Maiden name MARY HARRIS

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

16. (a) Informant JOHN CASHEL

(b) Address 3500 VICTOR

17. (a) BURIAL (b) Date thereof OCT. 29 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Thos. Kutis & Son

(b) Address 2906 GRAVOLS ST. LOUIS

19. (a) OCT 28 1948 J. B. Kanata  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 2658 NEBRASKA  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 26  
year 1948 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug. 16 1948 to Oct. 26 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis with edema Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Dr. Williamson (M. D. or other) \_\_\_\_\_  
Address 6336 Clayton Road Date signed 10/27/48

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**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.....

*Leo J. Budd*

Licensed Embalmer No.....

*3989*

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.**