

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14413**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 5976		Registrar's No. 2053		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		17 9 1		
d. FULL NAME OF HOSPITAL OR INSTITUTION: Millers Nursing Home 4				d. STREET ADDRESS (If rural, give location) 5939 Washington Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) G. c. (Last) Cahill			4. DATE OF DEATH (Month) (Day) (Year) Mar. 17, 1949					
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0		8. DATE OF BIRTH Mar. 31, 1875		9. AGE (In years last birthday) 73	# UNDER 1 YEAR Months _____ Days _____	# UNDER 1 YEAR Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Lawrence Cahill			13b. MOTHER'S MAIDEN NAME Bridget Murray		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Miss Julia Cahill ADDRESS 5939 Washington				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch heart & Kidney disease 3 mo DUE TO (c) 44 2 1 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. in 10					INTERVAL BETWEEN ONSET AND DEATH 3 da	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____				
22. I hereby certify that I attended the deceased from Dec 1 1948 , to March 16, 1949 , that I last saw the deceased alive on March 16, 1949 , and that death occurred at 12:10 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE W. H. Walters (Degree or title) 0				23b. ADDRESS 3608 2 Grand (Hazelwood)		23c. DATE SIGNED 3/17/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-19-49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. 3-17-49		REGISTRAR'S SIGNATURE Thurmond Luning MD		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly ADDRESS 3840 Kincaid St				

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

Dr. Wm H. Melton
3608 So Grand Blvd
La 7891. Call after
1200 Noon
2 - 4 PM

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Thomas R. Jenwick

Signed _____
Student Embalmer

Licensed Embalmer No. 3793

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.