

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **26470**

0330
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BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5383 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2096	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jadwin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,	
c. LENGTH OF STAY (In this place) 4 days		d. STREET ADDRESS (If rural, give location) 4604 Pope Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Richard Francis b. (Middle) Cahill c. (Last) Cahill			4. DATE OF DEATH (Month) (Day) (Year) August 8 1950		
5. SEX M	6. COLOR OR RACE O	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W Married	8. DATE OF BIRTH July 17, 1904	9. AGE (In years last birthday) 46	if UNDER 1 YEAR Months 0 Days 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Plumbing & Heating		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Daniel Cahill	13b. MOTHER'S MAIDEN NAME Nellie Leonard	14. NAME OF HUSBAND OR WIFE Gertrude Cahill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Richard Cahill	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot Wound		INTERVAL BETWEEN ONSET AND DEATH E 9/71 113
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Coroner Inquest		
	DUE TO (c) Jury Verdict Accidental		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jadwin Dent Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6:10 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. L. Shaulhan - Coroner	23b. ADDRESS Salem, Mo.	23c. DATE SIGNED 8-8-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug-9, 1950	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 8-14-50	REGISTRAR'S SIGNATURE R. M. Hart, M.D. 210	25. FUNERAL DIRECTOR'S SIGNATURE Hobbs & Grant	ADDRESS Salem Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE No. 4

File No.

AUG 21 1950

RECEIVED

AUG 23 1950

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.

Student
Student Embalmer

Signed Marshall C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Salem, N.J.

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.