

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41086**No. 300
10:48
REG. #105, 644BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2865**

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE MISSOURI b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 25 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			d. STREET ADDRESS (If rural, give location) 5072 MILENTZ		

3. NAME OF DECEASED (Type or Print) a. (First) RAYMOND b. (Middle) A. c. (Last) CAHILL			4. DATE OF DEATH (Month) (Day) (Year) 11-4-52		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11-16-88	9. AGE (In years last birthday) 63 YRS	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work from time of most of working life, even if retired) PROFESSIONAL BALL PLAYER SCOUT		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN CAHILL		13b. MOTHER'S MAIDEN NAME MARCELLA FALLON		14. NAME OF HUSBAND OR WIFE LATE EVA CAHILL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.	

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) ARTERIOSCLEROTIC HEART DISEASE WITH DEATH IN CARDIAC FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC BRONCHITIS AND EMPHYSEMA			UNKNOWN

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 **10-10-52**, 19____, to **11-4-52**, 19____, and that death occurred at **10:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Y. Kamin... M.D. (Degree or title)		23b. ADDRESS VAH, JEFF., BRKS., MO.		23c. DATE SIGNED 11-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 7, 1952		24c. NAME OF CEMETERY OR CREMATORY S/S PETER & PAUL CEM.	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4228 S. KINGSHIGHWAY BL			
DATE REC'D BY LOCAL REG. 11-6-52		REGISTRAR'S SIGNATURE Herbert R. D... M.D.			

P.T. (Licensed Embalmer's Statement on Reverse Side)

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

4000

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 *Edwin J. M^c Dermott* _____

Licensed Embalmer No. *3024* _____

P. O. Address _____

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.