

FILED JAN 27 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44262**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **3075**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Florida b. COUNTY Palm Beach	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. LENGTH OF STAY (in this place) 6 weeks	c. CITY OR TOWN Palm Beach
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 110 Via Vicaya		(If rural, give location) 8090	

3. NAME OF DECEASED (Type or Print) Marie	a. (First) Marie	b. (Middle) Cahill	c. (Last) O'Gorman	4. DATE OF DEATH Dec. 31st, 1954
--	-------------------------	---------------------------	---------------------------	---

5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-26-1895	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
------------------	----------------------------	---	-----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY none - Housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	---	--

13a. FATHER'S NAME James G. Cahill	13b. MOTHER'S MAIDEN NAME Lilly Cornet	14. NAME OF HUSBAND OR WIFE Thomas O'Gorman
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Thomas A. O'Gorman	ADDRESS Palm Beach, Fla.
---	--	-----------------------------------	---	---------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 6 mos
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

18a. DATE OF OPERATION	18b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 157X YES <input checked="" type="checkbox"/> NO <input 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 **Oct 1, 1954**, to **Dec 31, 1954**, that I last saw the deceased alive on **Dec 31, 1954**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. S. Hensella	(Degree or title) M.S.	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 1/1/55
--------------------------------------	-------------------------------	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 3, 1955	24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery	24d. LOCATION (City, town, or county) (State) Providence, R.I.
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. 1/2/55	REGISTRAR'S SIGNATURE Heber R. Somberg	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Donnelly	ADDRESS 3840 Lindell Blvd.
--	---	--	-----------------------------------

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

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.....
Signature of Student Embalmer

Signed.....
Francis Williamson

Licensed Embalmer No. *356*

P. O. Address *3840 Lind*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.