-60-008017

...RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 11 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2441 STATE FILE NUMBER

...NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 19 da

c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Firmin Desloge — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 5211 a Emily — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Virginia Middle A. Last Cahill

4. DATE OF DEATH Month Day Year 2-29-1960

5. SEX F

6. COLOR OR RACE W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 7-27-1907

9. AGE (last birthday) 52 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (City and state or country) St. Louis Mo

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William Hund

13b. MOTHER'S MAIDEN NAME Genevieve Metcalf

14. NAME OF HUSBAND OR WIFE William Cahill

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. None

17. INFORMANT Address William Cahill - 5211 a Emily

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypertension, arterial — Years

DUE TO (c) 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-10-60, to 2-29-60 and last saw her/him alive on 2-29-60

Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. Kimelman MD

22b. ADDRESS 1005 Big Bend St Louis 17

22c. DATE SIGNED 3-1-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3-3-1960

23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Mo

24. FUNERAL DIRECTOR ADDRESS Edw. Koch + Son - 3516 N. 14th

25. DATE RECD. BY LOCAL REG. MAR 2 1960

26. REGISTRAR'S SIGNATURE Carl Smith M.D. M.g.B.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Herbert J. Gau Jr.

Licensed Embalmer No. 4800

P. O. Address Richmond 27,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.