# SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027584
STATE FILE NUMBER

AMENDED

FILED JUL 25 1961

Registrar's Dist. No. 3367 Primary Registration District No. 541 Registrar's No. 1987

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Webster Groves~~ CLAYTON
Length of stay in 1b DOA
c. FULL NAME OF HOSPITAL OR INSTITUTION ~~7884 Big Bend Blvd.~~ COUNTY HOSP
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Webster Groves Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 7884 Big Bend Blvd. Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MARY Middle E. Last CAHILL

4. DATE OF DEATH Month July Day 15 Year 1961

5. SEX female
6. COLOR OR RACE white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Dec. 25, 1887
9. AGE (last birthday) 73
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) housekeeper
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas F. Cahill
13b. MOTHER'S MAIDEN NAME Nora Sullivan
14. NAME OF HUSBAND OR WIFE ---

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.
17. INFORMANT Thomas F. Cahill, Jr. Address Murphy, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Unknown Natural Causes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 X
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 6:22 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John C. Murphy M.D. (Degree or title) John C. Murphy MD Asst. Health Commissioner
22b. ADDRESS 801 S Brentwood Clayton, Mo.
22c. DATE SIGNED 7-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 18, 1961
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR M.J. Croghan, 7825 Big Bend Blvd. Webster Groves 19, Missouri
ADDRESS
25. DATE RECD. BY LOCAL REG. 7-17-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

**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_____ Signed V E Morris

Signature of Student Embalmer

Licensed Embalmer No. 3360

P. O. Address St Louis,

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.