DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12974

State File No.

MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3176

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6032 Westminster Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6032 Westminster Place
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 45 Years years.

3. (a) PRINT FULL NAME John E. Cantwell 534

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Letitia Green Cantwell

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 4th., 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	0	hr. min.

9. Birthplace (City, town, or county) England (State or foreign country)

10. Usual occupation Retired-Asst. Sup.

11. Industry or business Mercantile Commerce Bank

FATHER
12. Name Patrick Cantwell
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Catherine Murray
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Mrs. Letitia Green Cantwell
(b) Address 6032 Westminster Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) APR 5 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4 year 1940 hour minute 7 PM M.

21. I hereby certify that I attended the deceased from 4/4, 1940, to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 634 North Grand Date signed 4/4/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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, above space should be left blank.