

ED APR 9 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 718

1. PLACE OF DEATH:
St. Louis
(a) County St. Louis
(b) City or town Rural Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lindbergh & Link Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community LIFE
years, months or days

3. (a) PRINT FULL NAME John Cantwell
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 25 1865
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>75</u>	<u>6</u>	<u>6</u>	hr. _____ min.

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER { 12. Name John B. Cantwell
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Quinn
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Anne Cantwell

(b) Address 3 Lindbergh & Link

17. (a) Burial (b) Date thereof 4-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Central Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Jackland Ave.

19. (a) APR 2 1941 (b) H. R. Meyer MD
(Date received at office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Rural Clayton
(If outside city or town limits, write "RURAL")
Lindbergh & Link Rds.
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1st
year 1941 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from Apr. 1st, 1941, to Apr. 1st, 1941;
that I last saw him alive on March 31st, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Disease of Heart. 2 yrs

Due to _____

Due to _____

Other conditions arteriosclerosis
(Include pregnancy within 3 months of death) 2 yrs

PHYSICIAN
Major findings:
Of operations g. d.
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. J. Balmann MD (M. D. or other) 11

Address Pattonville Mo Date signed Apr. 4

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *APC Ortman*

Licensed Embalmer No. 3478

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, above space should be left blank.