

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

**FILED** AUG 28 1941 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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:  
**City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3** hour  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **518 N. Spring Ave**  
(If rural, give location)  
**Attending Physician**  
(Specify whether \_\_\_\_\_)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9th.**  
year **1941** hour **9** minute **30 a.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Aspiritis of undetermined**  
**Cardiac Hypertrophy**

Other conditions \_\_\_\_\_  
(Include pregnancy within \_\_\_\_\_ months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **Thomas F. Callahan** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner** Date signed **7/9/41**

3. (a) PRINT FULL NAME **Thomas F. Cahill**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **489-10-6797**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **0 S.**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Sep. 26th., 1882**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **9** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis Mo. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoe Worker**

11. Industry of business \_\_\_\_\_

12. Name **John Cahill**

13. Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Comerford**

15. Birthplace **Ireland 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James P. Cahill**  
(b) Address **518 N. Spring Ave.**

17. (a) **Burial** (b) Date thereof **7-11-41**  
(Burial, cremation, or removal) (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) **JUL 10 1941** (b) **J. W. ...**  
(Date received for registration) (Registrar's signature)

**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, fact should be so stated above.**