No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39987

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9697

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: 6115 Adkins Ave.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 6115 Adkins St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Cashel

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank Cashel

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

7. Birth date of deceased July 1, 1941 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	5	6	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER 12. Name Tom Timlin

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

MOTHER 14. Maiden name Mary Hussey

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

16. (a) Informant Leo Cashel

(b) Address 6115 Adkins Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-41 (Month) (Day) (Year)

(c) Place: burial or cremation Burial Calvary Cem.

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) DEC 9 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6 year 1941 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from Nov 29, 1941, to Dec 5 1941; that I last saw h. alive on Dec. 5 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral apoplexy	7 days
Due to Hypertension	
Due to arteriosclerosis	
Other conditions (Include pregnancy within 3 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 Fabian [illegible] (M. D. or other) M.D.

Address 3115 S. [illegible] Date signed 12-7-41

(Licensed Embalmer's Statement on Reverse Side)

D- Banks
6241 Starks

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.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.