RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-043420

STATE FILE NUMBER

FILED VS DEC 14 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11626

DED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Richmond Heights
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 7449 Hiawatha.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Jane Middle: T. Last: Cahill

4. DATE OF DEATH: Month: December Day: 2 Year: 1960

5. SEX: female

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: June 1, 1903

9. AGE (last birthday): 57
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): Peck and Peck Dress Shop

10b. KIND OF BUSINESS OR INDUSTRY: Sales work

11. BIRTHPLACE (City and state or country): Ramsey, Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: L.C. Thiele

13b. MOTHER'S MAIDEN NAME: Julia Ross

14. NAME OF HUSBAND OR WIFE: Donald G. Cahill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: yes

17. INFORMANT: Address: Mr. Don. G. Cahill 7449 Hiawatha. (17)

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): Carcinoma of kidney — INTERVAL BETWEEN ONSET AND DEATH: 1/2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 180X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Rheumatic heart disease — mitral stenosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 1956, to Dec. 2, 1960 and last saw her alive on Dec. 2, 1960
Death occurred at 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: George W. Stuer (Degree or title) M.D.

22b. ADDRESS: 600 N. Union Blvd.

22c. DATE SIGNED: 12-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Dec. 5, 1960

23c. NAME OF CEMETERY OR CREMATORY: Ramsey City Cemetery

23d. LOCATION (City, town, or county) (State): Ramsey City, Illionis

24. FUNERAL DIRECTOR: C.R. Lupton and Sons
ADDRESS: 7233 Delmar Blv'd.

25. DATE REC'D. BY LOCAL REG.: DEC 5 1960

26. REGISTRAR'S SIGNATURE: Earl Smith. M.D.

DOCUMENT

BY AFFIDAVIT OF

Cahill
City Vise.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence H. Mu

Licensed Embalmer No. 401

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.