MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6659

Township ..... Primary Registration District No. 1003 Registered No. 1479

City St Louis (No. Alexian Brothers Hospital St. ..... Ward)

2. FULL NAME Daniel Kavanagh

(a) Residence. No. 6400 Lloyd Av St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
White	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1883

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt. 47	Unknown		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Commercial Artist

(b) General nature of industry, business, or establishment in which employed (or employer) Painting

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER John Kavanagh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Bridget Moriarty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs K Linkul
(Address) 6400 Lloyd Ave

15. FILED ..... 19.. Mark E. Hartley REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1930, to Feb 10, 1930 that I last saw him alive on Feb 10, 1930, and that death occurred, on the date stated above, at 7 25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

13A Acute Nephritis

13B

71B (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Secondary Anemia

Bart's Disease (duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

O DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) N Atchmeider, M. D.

2/11, 1930 (Address) 2708 Lynch St Louis Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cemetery	2/12 1930

20. UNDERTAKER	ADDRESS
Arthur J Donnelly	2039 Wash St

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.

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