

FEB 11 1936

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

Do not use this space.

3509

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1002  
City St Louis (No. De Paul Hospital) St. 745 Ward)

2. FULL NAME

Ann Kavanaugh  
(a) Residence, No. 5262 Maffitt Ave Ward. 6  
(Usual place of abode) (If nonresident, give city or town and State)

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
56 11 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. prof.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER 13. NAME John P Casey

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

15. MAIDEN NAME Ellen Brown

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

17. INFORMANT Phil J. Kavanaugh  
(ADDRESS) 5262 Kavanaugh

18. BURIAL CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Jan 22 1936

19. UNDERTAKER Arthur J. Donnelly  
(ADDRESS) 3840 Lindell Blvd

20. Jan 9 1936 19. J. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1935, to Jan 19 1936

I last saw her alive on Jan 19 1936. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

cerebrovascular Date of onset Jan 4/36

Other contributory causes of importance:

Chronic nephritis, 6-10/35

Name of operation no Date of no

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19.....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Bernard J. Steegal, M. D.

(Address) 1875 Madison

1875 *Medicine* 12

*Medicine*

*Medicine*