

JUL 27 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... St. Louis Registration District No. 7901160  
Township..... Clayton Primary Registration District No. 4470  
City..... Clayton (No. St. Louis County Hospital) St. 24162 Ward)

2. FULL NAME..... William Canavan  
(a) Residence, No. 7449 Teasdale St., Ward.  
(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 male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF school		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1925		
7. AGE YEARS 10	MONTHS 7	DAYS 15
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)		
13. NAME William F. Canavan Sr.		
14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)		
15. MAIDEN NAME Clara Fitzgerald,		
16. BIRTHPLACE (CITY OR TOWN) E. St. Louis, Ill (STATE OR COUNTRY)		
17. INFORMANT Wm. F. Canavan, Sr. (ADDRESS) 7449 Teasdale,		
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM DATE JUNE 20, 1936		
19. UNDERTAKER LARRY MULLEN UND CO (ADDRESS) 5165 DELMAR BLVD		
20. FILED June 18, 1936 [Signature] Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16/36 . 19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_  
I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:30am  
The principal cause of death and related causes of importance were as follows:  
place of accident; Hanley and Balson, St. Louis County, Mo. Taken to County hospital and pronounced dead. Date of onset

Other contributory causes of importance:  
Cause of death: Accidental drowning, while swimming in small slough, in North-west Portion of University

Name of operation Coroner's view Date of \_\_\_\_\_  
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? OVER Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (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) [Signature] M. D.  
(Address) 3718 Jennings Ry

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

City, St. Louis County, Mo.

Went to this place with two other boy companions.

While in swimming got into deep water, being a small boy, was unable to swim and sank. Other boys called for help and PWA workers ran to rescue him and got him from water. Every effort was made to revive him but all failed.