

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

AUG 18 1936

791

28965

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City ST. LOUIS, MO. (No. CITY HOSPITAL #1)

File No.....
Registered No. 7431
St. Ward)

2. FULL NAME

BRIDGET CAVANOUGH
(a) Residence, No. 2613 HICKORY St., 22 Ward.
(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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOW</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>THOMAS CAVANOUGH</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>AUGUST 1 - 1870</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>11</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEWIFE</u>	
	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) (STATE OR COUNTRY) <u>IRELAND</u>		
FATHER	13. NAME <u>UNKNOWN</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IRELAND</u>	
MOTHER	15. MAIDEN NAME <u>BRIDGET KAVANAUGH</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IRELAND</u>	
17. INFORMANT (ADDRESS) <u>THOS. CAVANOUGH</u> <u>1400 A GIBSON AV.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY CEM.</u> DATE <u>JULY 18</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>E. J. Schmyr</u> <u>312 So Lafayette av.</u>		
20. FILED <u>JUL 10 1936</u>		

No Phy in attendance
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1936
22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 5:35 19..... Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:

Heat Stroke
Other contributory causes of importance: 191
Date of onset

Name of operation..... 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? 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) [Signature]

[Signature]
7/16/36

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.

