

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

Do not use this space.

JUN 22 1937

20445

1. PLACE OF DEATH *Jefferson*
 County *Jefferson* Registration District No. *423*
 Township *Rock* Primary Registration District No. *5518*
 City (No. *1*) St. *St. Louis* Ward *1*

2. FULL NAME *Mary A. Cavanaugh*
 (a) Residence, No. *Superior Springs* St. *St. Louis* Ward *1*
 (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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 14th 1861*

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>75</i>	<i>5</i>	<i>25</i>	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 9th 1937*

22. HEREBY CERTIFY, That I attended deceased from *Jan 1830* to *May 9 1937*

I last saw him alive on *May 9 1937*. Death is said to have occurred on the date stated above, at *3:45 p.m.*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

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

General (Carcinoma Primary Stomach)

Other contributory causes of importance: *None*

Senility

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

13. NAME *Patrick Cavanaugh*

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

Name of operation *Clinical* Date of *May 9 1937*

What test confirmed diagnosis? *Clinical* Was there an autopsy?

15. MAIDEN NAME *Ellen McBrath*

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

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.

17. INFORMANT *Helene P. Cunningham* (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL *St. Joseph Catholic Cemetery* PLACE DATE *June 11th 1937*

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

19. UNDERTAKER *Heidelberg Funeral Home* (ADDRESS) *St. Louis Mo*

20. FILED *May 10 1935* *Phil. J. Kirk* Registrar

(Signed) *O. Reich* M. D.
 (Address) *St. Louis Mo.*

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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