

JAN 10 1938

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

43271
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St Louis** (d) Street No. **1212** Apartment **2** Registered No. **11521**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **1212** Apartment **2** St. **12**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX **Male**
2. COLOR OR RACE **Wh**
3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**
4. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mable**
5. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 26 - 1894**
6. AGE YEARS **43** MONTHS **-** DAYS **19** If LESS than 1 day, hrs. or min.
7. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SAWYER, BOOKKEEPER, ETC.
8. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SAW MILL, BANK, ETC.
9. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)
10. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION **29**
11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**
12. NAME **John Cavanagh**
13. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Galway Ireland**
14. MAIDEN NAME **Elizabeth Griffin**
15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**
16. INFORMANT (ADDRESS) **Patrick J. Cavanagh 3407 Olive Ave**
17. BURIAL, CREMATION, OR REMOVAL PLACE **Cemetery** DATE **Dec 17 1937**
18. FUNERAL DIRECTOR (ADDRESS) **James F. Stuey 1225 Missouri**
19. FILED **DEC 15 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 13 37**
21. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at **1:45** p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Other contributory causes of importance:
93C
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Ja**
22. 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
23. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) **Joseph M. Moran** M.D.
(Address) **Deputy Coroner**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

90M-7-186-37

STATEMENT BY LICENSED EMBALMER

I, Bernard A. J. Stuart, Licensed Embalmer No. 3500

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Bernard A. J. Stuart

Licensed Embalmer No. 3500

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)