

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9112  
Do not use this space.

791  
1003

2701

1. PLACE OF DEATH

(a) County .....  
(b) Township .....  
(c) City St. Louis, (d) Street No. De Paul Hospital, St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 Edward F. Kavanaugh. 159

(a) Residence, No. 1815 Wash Street. St. 21  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1938 to March 19 1938, 1938  
I last saw h. in alive on March 19 1938. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1877

to have occurred on the date stated above, at 2:50 p.m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 2 19

Angiocarditis Chronic Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance  
9. Industry or business in which work was done, as saw mill, bank, etc. man  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance  
[Signature]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 0

FATHER 13. NAME Michael Kavanaugh. 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 9

MOTHER 15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

17. INFORMANT Mrs. Emma Kavanaugh (ADDRESS) 1815 Wash Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE March 22 1938

19. FUNERAL DIRECTOR J. P. Plutsch (ADDRESS) 5966 Eastern Ave

20. FILED J. P. Bredek Local Registrar.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 Chloroform (Signed) C. G. Blum M. D.  
(Address) 1927 E. Union

MAR 21 1938

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.

*Dr. G. Green*  
*1927<sup>a</sup> N. H. Green*

STATEMENT BY LICENSED EMBALMER

I, *David C. Gibson*, Licensed Embalmer No. *3454*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *D. C. Gibson*

L. E. No. *3454* or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *David C. Gibson*

Licensed Embalmer No. *3454*

**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.)**