No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 433

Registration District No. 1001 FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 433

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7yrs. 8mo. 12days (Specify whether years, months or days)

In this community 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1317
(If outside city or town limits, write "RURAL")

(d) Street No. City Infirmary 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CHARLES WARREN CAVANAUGH

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male C

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 13, 1862 (Month) (Day) (Year)

8. AGE: Years 78 | Months ~~4~~ 6 | Days 24 | If less than one day hr. min.

9. Birthplace Boston (City, town, or county) Mass. (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Civil

FATHER
12. Name Charles Cavanaugh
13. Birthplace Boston (City, town, or county) Mass. (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace Boston (City, town, or county) Mass. (State or foreign country)

16. (a) Informant Peter Scott

(b) Address 5400 Arsenal

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly

(b) Address 1416 N. Taylor ave

19. (a) JAN 15 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6 year 1941 hour 8:05 minute P. M.

21. I hereby certify that I attended the deceased from 11-15-40, 19__, to 1-6-41, 19__; that I last saw him alive on 1-6-41, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy-Cerebral embalism & Thrombosis-Encephalomalacia	
Due to 1-6-41 Generalized Arteriosclerosis	11-1-40
Due to Cellulitis, left foot 1-5-41	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature N. J. Bubler (M. D. or other)

Address 5400 Arsenal Date signed 1-15-41

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ Raymond E. Gehrke, Registered Apprentice No. ____ working under my personal supervision.

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

P. O. Address St. Louis, Mo

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.)

If this body is not embalmed, fact should be so stated above.