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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34551

State File No.

FILED NOV 10 1945

Registration District No. 317

Primary Registration District No. 6676

Registrar's No. 2561

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 51 days (Specify whether
In this community 45 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County add

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3249 Minnesota 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CANAVAN, Russell M.

3. (b) If veteran, name war WW-1

3. (c) Social Security No. 492-05-2765

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Minnie Canavan

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased November (Month) 6 (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	11	29	hr. min.

9. Birthplace E.St. Louis, Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Oiler

11. Industry or business --

FATHER
12. Name John Canavan /
13. Birthplace Illinois /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Basquette
15. Birthplace Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kutis Funeral Home
(b) Address St. Louis, Missouri

19. (a) 11-7-45 (Date received local registrar) (b) C G M Gannon M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 1945 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from September 15, 1945, to November 5, 1945;
that I last saw him alive on November 5, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CHRONIC NEPHRITIS (WITH UREMIA)	Unkn.
Due to --	
Due to -- 131 b	
Other conditions -- (Include pregnancy within 3 months of death)	

Major findings:
Of operations No
Of autopsy ---No

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) No
(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 0

23. Signature E. V. EDWARDS, Lt. Col. M.C. (M. D. or other)
Clinical Director
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 11-5-45

(Licensed Embalmer's Statement on Reverse Side)

JAN 30 1946

MAR 27 1946

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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.