

FILED MAR 30 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2656**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo. 9 Days
(Specify whether years, months or days)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 617
(d) Street No. 1431 Granville Pl.
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 9
If yes, name country _____

3. (a) PRINT FULL NAME JOHN J. KAVANAGH

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 6 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Ireland (City, town, or county) (State or foreign country) 4

10. Usual occupation Salesman

11. Industry or business _____

12. Name Patrick Kavanagh

13. Birthplace Ireland (City, town, or county) (State or foreign country) 4

14. Maiden name Elizabeth Fagan

15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant John P. Kavanagh

(b) Address 1431 Granville Pl.

17. (a) Buried (b) Date thereof 3-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Chas. J. ...

(b) Address 325 Union Blvd.
19. (a) MAR 20 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18, year 1946 hour 11:50 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from July 2, 1945 to March 18, 1946
that I last saw him alive on March 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Obstruction Duration _____
10 Minutes.

Due to Cerebral Arterio-Sclerosis
with Psychosis 945 Plus.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) Means of injury 0

23. Signature Palmer Roman Rowden (M. D. or other) 3/20/46
Address 5800 ... Date signed _____

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

MOTHER FATHER

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

Elmer R. Padwell

Licensed Embalmer No.

4077

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.