S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 32661

Primary Registration District No. 1003

Registrar's No. 8486

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3850 Westminister Place., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ans
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3850 Westminister Place., 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Kavanagh
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Kavanagh
6. (c) Age of husband or wife if alive Unk years
7. Birth date of deceased June (Month) 14 (Day) 1892 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 55 | 2 | 22 | hr. min. |

9. Birthplace Chicago (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation Bricklayer
11. Industry or business
MOTHER FATHER
12. Name Joseph Kavanagh
13. Birthplace Unknown (City, town, or country) New York / (State or foreign country)
14. Maiden name Eleanor Toomey
15. Birthplace Chicago (City, town, or county) Illinois / (State or foreign country)
16. (a) Informant Elizabeth Lisle
(b) Address 3850 Westminister Place.,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/6/47 (Month) (Day) (Year)
(c) Place: burial or cremation Chicago, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) SEP 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 6 year 1947 hour 9 minute 40 A. M.
21. I hereby certify that I attended the deceased from July 1, 1946 to Sept 6, 1947 that I last saw him alive on Sept 2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation Uremia — Duration
Due to Myocardial Dilat-Chronic
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 0
23. Signature J. H. Walker (M. D. or other)
Address 5336 N Taylor Date signed 9-6-47

Jefferson City Printing Co.
(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.....

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

working under my personal supervision.

Signed.....Elmer R. Cadwell.....

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.