

No. 300  
-10-47  
-17-39  
-PI 3906

#22292  
FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics  
FILED JUN 28 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20742  
State File No. 5540  
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

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:  
St. Louis City Hospital-Max G. Starkloff  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community About 7 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howe  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2413a N Elliot, Ave.  
Memorial 20 (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

BERNICE CAVANAUGH

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edgar, Cavanaugh

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased 10 (Month)

13 (Day) 1913 (Year)

8. AGE:

Years 34 Months 8 Days 4

If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Unknown  
(City, town, or county)

Dakota  
(State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown

13. Birthplace Unknown  
(City, town, or county)

(State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county)

(State or foreign country)

16. (a) Informant Edgar Cavanaugh, h.

(b) Address 2413a N Elliot, Ave.

17. (a) Burial (b) Date thereof 6-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis, Ave.

19. (a) JUN 19 1948  
(Date received local registrar)

J. F. Breda  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th  
year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1/29/48  
June 17th 1948 to June 17th 1948  
er June 17th 1948  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocardial infarction  
Shock Respiratory  
Failure due  
to Pulmonary  
Insufficiency

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)  
General debility  
of 10 years

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Small Pulmonary  
arteries - no thromb  
of post-mortem found

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?

Where at work? \_\_\_\_\_

23. Signature J. F. Breda (Specify type of place) (M. D. or other)  
Address 1515 Lafayette Date 6/17/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

*Shelf*

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**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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

**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.**