#86824

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21025

Primary Registration District No. 1098

Registrar's No. 5715

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 C. 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1908 Montgomery
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME RAYMOND KAVANAGH

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Helen Kavanagh

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased January (Month) 23 (Day) 1894 (Year)

8. AGE: Years 54 Months 5 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name James Kavanagh
13. Birthplace Peoria (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Gruendmeyer
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Helen Kavanagh
(b) Address 1908 Montgomery

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.

19. (a) JUN 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23rd year 1948 hour 1 minute 55 A M.

21. I hereby certify that I attended the deceased from 6/15/48, 19..., to June 23rd, 1948 that I last saw him alive on June 23rd, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
1. Chronic glomerular nephritis, with acidosis, uremia	1 year
2. Hypertensive cardiovascular disease	1 year
3. Thrombosis of right lenticulostriate artery	7 days
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	18 yrs.

Major findings: Of operations 0

Of autopsy Same: pale swollen kidneys, pulmonary edema, large liver, etc.

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 1515 Lafayette 6/23/48 (M. D. or other)
Address Warren B. Mills M.D. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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 V E Morris

Licensed Embalmer No. 3360

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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