

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 10249
2464 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5458 Claxton Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>5458 Claxton Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>Jeremiah</u>		a. (First)		b. (Middle) <u>Kaveney</u>		c. (Last)	
4. DATE OF DEATH <u>March 17, 1949</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 8, 1867</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR: Months <u>--</u> Days <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Locomotive Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B.&Q. Railroad</u>		11. BIRTHPLACE (State or foreign country) <u>Erie Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>James Kaveney</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Sullivan</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Kaveney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Paul J. Kaveney</u> ADDRESS <u>6904 Washington Blvd.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROSIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>SENILITY</u>				INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>2 1/2 Mo</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>HEMIPLEGIA</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>DEC 30, 1948</u> , to <u>MAR. 17, 1949</u> , that I last saw the deceased alive on <u>MAR 17, 1949</u> , and that death occurred at <u>11:30 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John G. McJannet, MD</u> (Degree or title)				23b. ADDRESS <u>5014 THEKLA AV. ST LOUIS</u>		23c. DATE SIGNED <u>3/18/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>	
DATE REC'D BY LOCAL REG. <u>MAR 18 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. L...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles A. Stewart</u>		ADDRESS <u>1225 Union</u>	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed *Clement McNeany*

Signed.....
Student Embalmer

Licensed Embalmer No. *3732*

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.