

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9051

REC'D DEC 14 1949

318

1003

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>Saint Louis, Missouri</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		d. STREET ADDRESS (If rural, give location) <u>3117a Union Boulevard,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5300 Block Claxton Avenue</u>				d. STREET ADDRESS (If rural, give location) <u>3117a Union Boulevard,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Cavanaugh, Jr.,</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 19th, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 29th, 1930</u>	
9. AGE (In years last birthday) <u>19</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u>		IF UNDER 4 HRS. Hours <u>0</u> Min. _____		11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insulator</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>McDonnell Aircraft</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Albert Cavanaugh</u>			13b. MOTHER'S MAIDEN NAME <u>Constance Coughlin</u>			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Constance Cavanaugh, 3117a N. Union 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chloroform Poisoning; when found dead in his car in front of about 5371 Claxton Ave., about 5:30 P.M., Oct. 19th, 1949</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Ave.,</u> DUE TO (c) <u>FOR PURPOSE OF THRILL AND ACCIDENTALLY</u> II. OTHER SIGNIFICANT CONDITIONS <u>INHALING TOO MUCH, OR WITH SUICIDAL INTENTIONS COULD NOT BE DETERMINED</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>OPEN VERDICT</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Open Verd.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)' (STATE) <u>St. Louis, Mo. / 174</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10/19/49 5:30P.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See Above</u>				22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:30P.m.,</u> from the causes and on the date stated above. <u>Ho</u>	
23a. SIGNATURE <u>Patrick E. Taylor Esq.</u> (Degree or title)				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>10 21 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/22/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>OCT 21 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John A. McClain

Signed.....
Student Embalmer

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

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.