

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3353

State File No. ....

REG. DIST. NO. **317**

PRIMARY REG. DIST. NO. **4464**

Registrar's No. **333**

BIRTH NO. ....		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>4464</b>		Registrar's No. <b>333</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>		c. LENGTH OF STAY (in this place) <b>2 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland, Mo.</b>		4231	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Berliner Nursing Home</b>				d. STREET ADDRESS (If rural, give location) <b>Berliner Nursing Home</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louise</b>		b. (Middle) <b>Mary</b>		c. (Last) <b>Cavanaugh</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 6 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 14, 1865</b>		9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pacific, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>no.</b>	
13a. FATHER'S NAME <b>Un Burger</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>John Cavanaugh</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <b>Adolph F. Cavanaugh</b> ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerotic Heart Disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>2-1</b> , 19 <b>50</b> , to <b>2-6</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>2-2</b> , 19 <b>50</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>S. Paul, M.D.</b> (Degree or title)				23b. ADDRESS <b>Overland, Mo.</b>		23c. DATE SIGNED <b>2-7-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 9, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL <b>FEB 7 1950</b>		REGISTRAR'S SIGNATURE <b>Herbert J. Pompe M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Baumann Bros 2504 Woodson Rd</b> ADDRESS			

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

400 4

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*Handwritten scribbles at the top of the page.*

MS  
OCT 1  
1959

**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 3452

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3452

P. O. Address Overland 1417ms.

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.