

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

3992

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hutton</u> c. LENGTH OF STAY (In this place) <u>114</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>4270</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hos #1</u>		d. STREET ADDRESS (If rural, give location) <u>8327 Cedar, Vinita Park</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>J</u> c. (Last) <u>CAVANAUGH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Mar 30-1880</u>
9. AGE (In years last birthday) <u>70</u>		10. <input type="checkbox"/> UNDER 1 YEAR Days <u>10</u>	11. <input type="checkbox"/> UNDER 6 HRS. Hours <u>6</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>dk</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Cavanaugh</u>	
13b. MOTHER'S MAIDEN NAME <u>Helen Stillman</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Cavanaugh</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dk</u> (If yes, state year or dates of service) <u>dk</u>		16. SOCIAL SECURITY NO. <u>dk</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hos Records</u>		ADDRESS <u>Hutton Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Br, pneumonia</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>psychosis with traumatic epilepsy</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hr</u>	
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 <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 <u>2-5, 1951</u> , to <u>2-5, 1951</u> , that I last saw the deceased alive on <u>2-5, 1951</u> , and that death occurred at <u>2:20</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Caldwell</u> (Degree or title) <u>MO</u>		23b. ADDRESS <u>State Hos Hutton Mo</u>	
23c. DATE SIGNED <u>2-5-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 5-1951</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin Feutz</u> ADDRESS <u>4828 Natural Bui St. Louis.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

0143

File No.

DISTRICT HEALTH OFFICE No. 4

FEB 13 1951

RECEIVED

VS SEP 21 1959

FEB 19 1951

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 _____

Wm. E. Treese

working under my personal supervision.

Student Embalmer No. *413*

Signed *William E. Treese*
Student Embalmer

Signed *Daniel C. Browning*

Licensed Embalmer No. *1724*

P. O. Address *Fulton, Md*

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.