

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9960
3003
Registrar's No. 3003

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 Missouri				b. COUNTY					
b. CITY OR TOWN St. Louis Mo.				c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis 2078							
d. FULL NAME OF HOSPITAL OR INSTITUTION 4829 Natural Bridge				d. STREET ADDRESS (If rural, give location) 4829 Natural Bridge									
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) A.		c. (Last) Cavanagh		4. DATE OF DEATH (Month) (Day) (Year) Mar. 29, 1951							
5. SEX male (1)		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married (1)		8. DATE OF BIRTH Feb. 20, 1892		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff				10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME James Cavanagh				13b. MOTHER'S MAIDEN NAME Nora Murphy				14. NAME OF HUSBAND OR WIFE Hazel Cavanagh					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes				16. SOCIAL SECURITY NO. 489 20 9145		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hazel Cavanagh 4829 Natural Bridge Ave							
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of neck with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION As Above						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) (Minute) 1994							
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 3/6, 1950, to 3/28, 1951, that I last saw the deceased alive on 3/28, 1951, and that death occurred at 4:30 PM, from the causes and on the date stated above.													
23a. SIGNATURE George A. Carroll M.D.				(Degree or title)				23b. ADDRESS 607 N. Grand		23c. DATE SIGNED 3/30/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)		24b. DATE Apr. 2 1951		24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St. Louis Mo.							
DATE REC'D BY LOCAL REG. MAR 30 1951		REGISTRAR'S SIGNATURE J. P. Kasich				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE							

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

Lee

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 *me*

.....
working under my personal supervision.

Student Embalmer No.

Signed *James J. Salen*

Licensed Embalmer No. *4699*

P. O. Address *St. Charles, Mo.*

Signed.....
Student Embalmer *[Signature]*

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.