

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36239

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9471**

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

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sisters of the Poor</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> d. STREET ADDRESS (If rural, give location) <b>3400 S. Grand Blvd.</b>	
<b>3. NAME OF DECEASED</b> a. (First) <b>Timothy</b> b. (Middle) <b>A.</b> c. (Last) <b>Cavanagh</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Oct. 18, 1952</b>	
<b>5. SEX</b> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Widowed	<b>8. DATE OF BIRTH</b> <b>Aug. 24, 1868</b>
<b>9. AGE</b> (In years last birthday) (Months) (Days) (If under 1 year) (If under 12 months) (If under 12 hours) (Mins.) 84 1		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis</b> <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Contractor</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Retired</b>	
<b>13a. FATHER'S NAME</b> <b>Timothy Cavanagh</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Gilspie</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) _____		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Sister Theresa</b> <b>ADDRESS</b> <b>3400 S. Grand Blvd.</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Serum</b> ANTECEDENT CAUSES <b>Arterio-Sclerosis</b> 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.	
<b>19a. DATE OF OPERATION</b> _____		<b>19b. MAJOR FINDINGS OF OPERATION</b> _____	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <b>4500</b>		<b>22. I hereby certify that I attended the deceased from Oct 8, 1952, to Oct 12, 1952, that I last saw the deceased alive on Oct 8, 1952, and that death occurred at 7:30 P.M. from the causes and on the date stated above.</b>	
<b>23a. SIGNATURE</b> (Deceased or title) <i>[Signature]</i>		<b>23b. ADDRESS</b> <b>507 N. Grand</b>	
<b>23c. DATE SIGNED</b> <b>10/15/52</b>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	
<b>24b. DATE</b> <b>10/16/52</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Gebken Sons</b> <b>ADDRESS</b> <b>2630 Gravois</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>OCT 14 1952</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i> <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Gebken Sons</b> <b>ADDRESS</b> <b>2630 Gravois</b>	

**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.

Student .....  
Student Embalmer

Signed

*Robert F. Gebken*

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

**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.