

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40673

State File No. _____
Registrar's No. **10459**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH

a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **5204 Lotus Ave**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **Mo.** b. COUNTY _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **5204 Lotus Ave**

3. NAME OF DECEASED (Type or Print)

a. (First) **John** b. (Middle) **B.** c. (Last) **Kavanaugh**

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 2 1953

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 7 1884

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 Wks. Hours Min.

69

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Supervisor

10b. KIND OF BUSINESS OR INDUSTRY

Public Service

11. BIRTHPLACE (City and State or Foreign Country)

Ireland

12. CITIZEN OF WHAT COUNTRY?

4

13a. FATHER'S NAME

Malike Kavanaugh

13b. MOTHER'S MAIDEN NAME

Hanora Mahon

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

494-01-0648

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Thomas Kavanaugh 4154 Shreve Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

*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) **Cerebral hemorrhage**
II. OTHER SIGNIFICANT CONDITIONS (b) **following fall down steps**
due to his home at 5204 Lotus Ave., on Nov 2, 1953
about 130 am

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

Accident

20. AUTOPSY?

YES NO

21a. ACCIDENT (Specify)

Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)

Home

21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)

St. Louis Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

Nov 2 53 1A 30 m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

F9000

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 **235A** m., from the causes and on the date stated above. **21**

23. SIGNATURE (Degree or title)

Patrick C. Taylor, Coroner

23b. ADDRESS

1500 Clark

23c. DATE SIGNED

11.4.53.

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

11/5/53

24c. NAME OF CEMETERY OR CREMATORY

Calvary

24d. LOCATION (City, town, or county) (State)

St. Louis Mo.

DATE REC'D BY LOCAL REG.

NOV 4 1953

REGISTRAR'S SIGNATURE

J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Sullivan's 2849 No. Euclid Ave.

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 Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signature.....
Robert L. Bankman
Licensed Embalmer No. 353

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.